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The Madras Medical College Magazine

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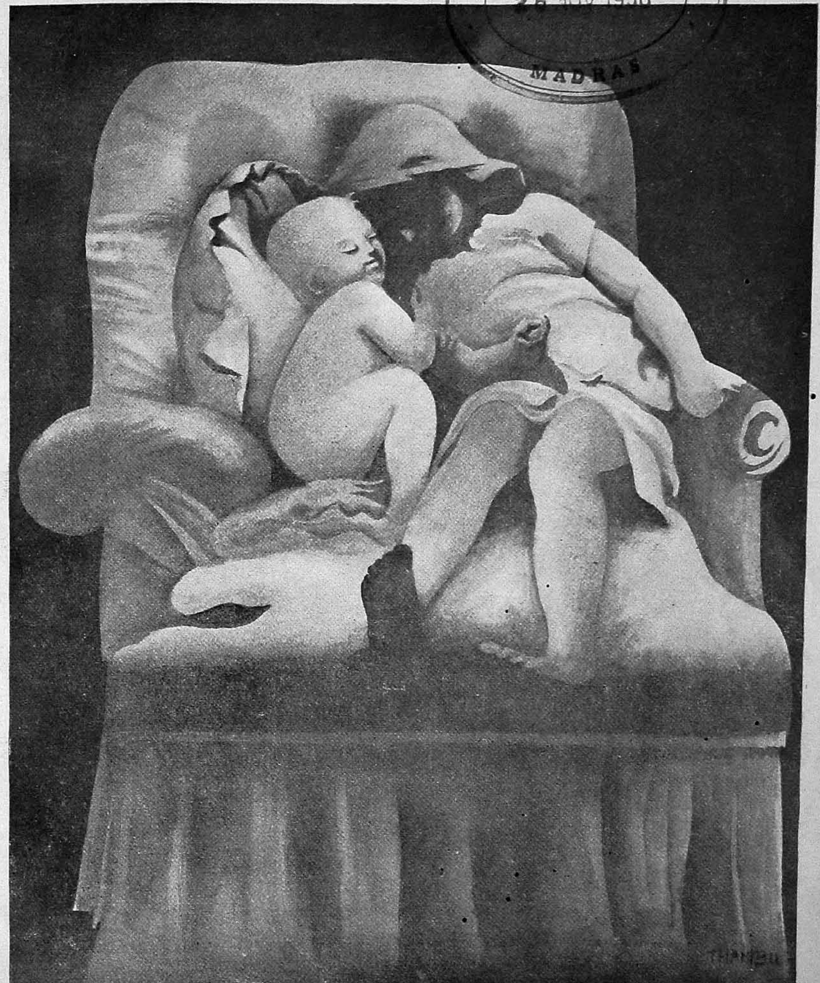

—*By Thambu.*

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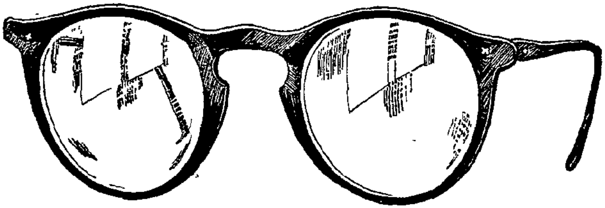

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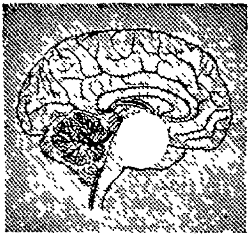

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Cover : *The ceaseless struggle from behind the masks to cure the sick and correct the crippled.*

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In memory of

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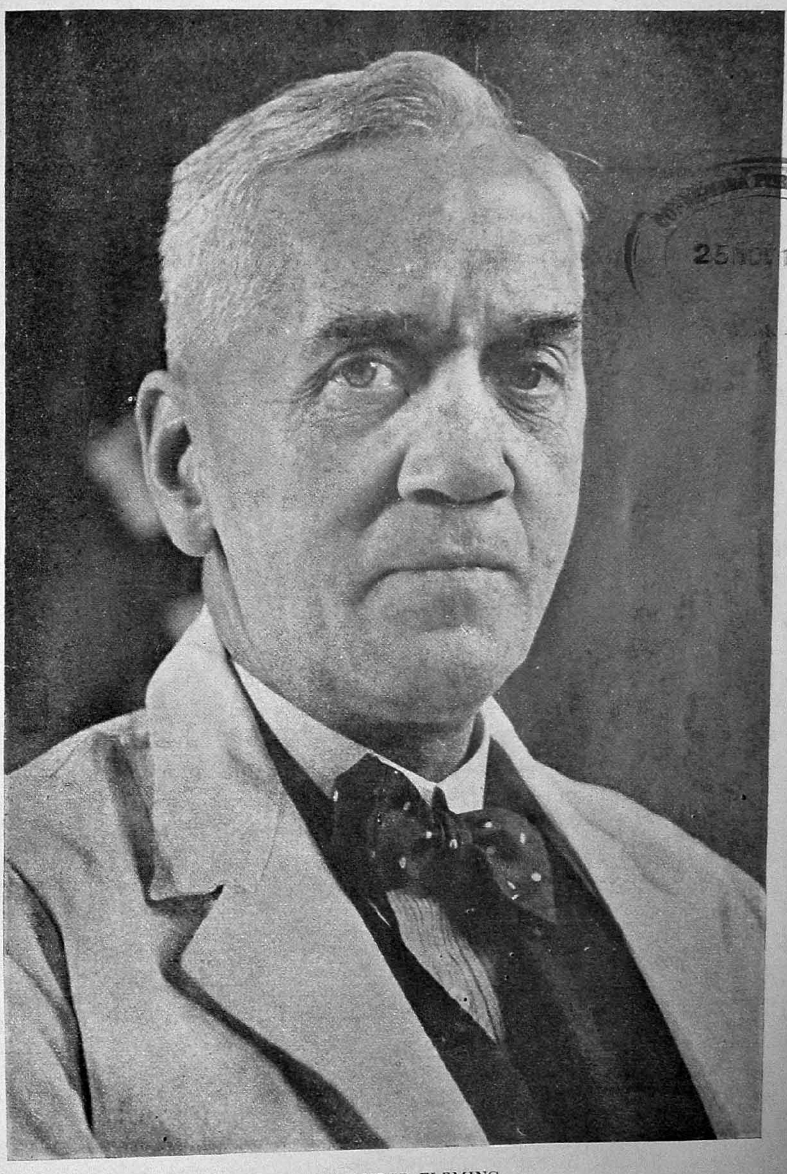
Sir Alexander Fleming.



SIR ALEXANDER FLEMING

25 NOV 1956

Editorial

ONE is bewildered by the diversity of opinion and theory which men of politics express in these days with regard to science and medicine, a field wherein strictly speaking, they have no right to be in. Yet, nowadays, we hear of unqualified men, nobodies in the World of Science, attempting to analyse the already accepted facts in the field of medicine. They contradict facts that are based on experimental findings and at times even venture to question the veracity of scientific reports and findings. Laymen trying to meddle with medical theories and question the effectiveness of any medical procedure can be ignored as irresponsible gossip.

Proved facts and analysed figures which are vigorously defended by the scientists are rejected as illusions by laymen. We have the grand example of this in the antagonism which is occuring in our country between medical science on one side and petty sentimentalism on the other side. Truly that great literary bard can rightly exclaim even today " what fools these mortals are!" Calmette and Guerin are scientists and the advocates of B. C. G. Vaccination as a measure to prevent tuberculosis are mature scientists, who unlike politicians know well what they talk, whereas upto the moment the opponents of B. C. G. inoculation have all been laymen, perhaps, the maximum they know in science or medicine is that water is a mixture of two *liquids* called hydrogen and oxygen! or cancer is *only* due to smoking cigarettes!!

As I write this, I hear that a very learned and mature politician is delving into medical text-books and medical journals and is coming out with a barricade of statements to protect the human race (according to him) from " *wilful induction of infection by medical scientists!* " To what end or purpose, he himself can't explain. This irresponsible criticism can only make scientists sick and weary. Well, that's another story, endless it will go on, but the only drawback is that the ordinary man when confronted by these and

many more conflicting views and statements may well be at a loss to know how to start thinking things out for himself. But we are sure that any day the common man has greater faith in a scientist and more respect for his views than for the petty declamations of empty philosophers.

*　　　　*　　　　*

Prime Minister Nehru is back in India after a very successful tour of the U. S. S. R. and the continent. With Panch Shila, ivory tipped batons and mangoes, Mr. Nehru is becoming the beloved of the old, the young and the very young. Panch Shila is found to be very effective in political hypertension. When writing of hypertension a very funny anecdote which I heard recently, crosses my mind. It is said that a few months back a United Nations delegate was racking his brains to find out a solution to ease the 'tension' that was pervading at that moment in the U.N. over an *issue*. Not knowing what to do, he took the daily and opened it. He cried out. "By jove! Here is what I want"—and began reading the headline, "Rauwolfia Serpentina, the latest Indian specific for bringing down tension". He did not have patience to proceed farther. Immediately he rang up his secretary and asked him to contact the Indian delegation at once and ask them for their specific. After a few minutes, back came the reply from the secretary, "Sir, they do not seem to have that at the moment—but they have something else called Panch Shila which is the latest, they say, for easing 'tension'".

'May be, they call it by that name in Hindi. Anyway kindly ask them to bring it over to the U. N. Head Quarters. We need it......We need it'. So easing tension in any field seems to be India's speciality. We are glad and we are proud of it. If our Country's good offices can be used for the furtherance of world peace and prevention of war and strife, indeed we are honoured.

*　　　　*　　　　*

At the moment news is coming in, that brave, valiant (!) Portuguese soldiers armed with bullets, bayonets and bren guns are shooting down unarmed and peace-loving people of this country who are crossing into Goa to join their kith and kin in the non-violent Satyagraha. It needs no courage for an armed soldier to shoot down an un-armed woman. It is no valour for a bully to kill an unarmed school boy. It is no honour for an army to shoot down a few scores of defenceless men and women. It is no

victory for them. History is repeating itself. We are sure of our methods, and beliefs. It is not for nothing that we call Mahatma Gandhi 'Father of the Nation'. He taught us the principles of non-violence and we are determined to stand by them. He proved to the world that his principle is no joke but that it worked—we have faith in it and we believe that it will work again. We pay our respects and homage to those innocent lives sacrificed at the altar of a Fascist Power. We hope that this human sacrifice won't be a waste and that the Goans will soon become citizens of Free India.

* * *

SPEAKING OF OURSELVES:

This term has been a very busy one. The selection of new candidates for admission, election of office bearers of M. M. C. Association for the current year, inaugural meetings, Graduates' reception, Onam Day Celebration etc., etc., ushered in a very busy atmosphere and now preparations are ahead for our next medical exhibition which is to begin in a few days. This exhibition is being held to raise funds to finance the good work that we are doing in the rural areas. We are sure that the exhibition will be a thumping success again.

N E W S:

In these days, a lot of stress is laid on exchange of ideas in all fields-cultural, social, educational, medical etc., etc. Interchange of ideas and experience between different countries, will no doubt go a long way in understanding each other better, and above all it has an educational value too. Realisation of this is mainly responsible for the many delegations of different countries touring other countries. Many of our learned teachers were requested to be members of such delegations and we are very proud of them. Last term Dr. Thayumanaswamy, M.S., went to Russia and came back with happy memories and pleasant experiences. Also Dr. Narasimhan, M.B., B.S., was away in China for a few weeks as a member of a private delegation.

This term, Dr. Thampan, M.D., F.R.C.P., had been to the United States and Dr. S. T. Achar, M.D., F.R.C.P., is just now back in Madras after his tour of the U. S. S. R. as a member of an official delegation of medical scientists. We are glad to have them back in our midst.

During the last term, we bade farewell to Dr. V. Iswariah, Professor of Pharmacology, on the eve of his retirement. We wish him a long and happy life. In his place, we are fortunate to have an able and experienced teacher, Dr. K. P. Sarathy, M.SC., who has been appointed as the Professor of Pharmacology, Madras Medical College. We welcome him.

We extend our most cordial welcome to Dr. K. C. Paul, M.D., who has been appointed as Honorary Physician, General Hospital, Madras.

We congratulate Dr. Sadasivam, M.S., on his promotion as Superintendent of the Government Tuberculosis Sanatorium, Tambaram.

We also congratulate, Dr. G. Victor, M.D., on his promotion and appointment as Physician, Stanley Hospital.

* * *

We are thankful to our predecessors, Messrs Raman Palat and Kannan Kutty for the brilliant financial wizardry shown by them in clearing off a long standing debt of the magazine.

We are very grateful to all the members of the staff and students who helped us in bringing out this magazine in time.

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Congestive Heart Failure

Dr. K. RAMACHANDRA, M.D.

THIS fascinating problem has seen the rise and fall of many theories pertaining to its genesis—Clinicians and Physiologists alike have girded to do battle on either side of the numerous opposed concepts.

Forward failure versus backward failure—High output versus low output. Mechanical Cardiac Failure versus fluid retention over-load—Cardiac versus Renal versus Adrenal versus Anti-diuretic Hormone versus Neural versus Venous hypertension—High blood volume versus low or normal blood volume.

The clinical importance of the syndrome of congestive heart failure requires no emphasis. The increasing incidence of cardiovascular diseases in the general population most inevitably increase the frequency with which the physician must face the problem of the failing heart. A rational approach to the problem and its therapy must rest upon an understanding of the fundamental mechanisms of cardio-vascular adaptation and the consequences of their modification or failure as the result of disease.

Although the physiology of congestive heart failure has been extensively studied in the past, the introduction of new techniques applicable to its investigation has stimulated renewed interest and research in this field and has led to re-evaluation of older concepts and development of newer ones. The most important of these developments have been :—

(1) Application of the technique of intracardiac catheterisation with the study of intracardiac pressure relationships and the estimation of cardiac output. Forssman, twenty-five year ago performed alone and

upon himself the first human cardiac catheterisation. This technique and the impetus given to its use by Cournand have led directly or indirectly to many advances.

(2) The next, is the development of renal physiology with the application of quantitative methods, to the study of renal functions and the relationship between disturbances of these functions and the clinical picture of cardio-vascular disease.

Recent developments provide the basis for a broader understanding of the underlying mechanisms of congestive heart failure. The individual theories may have many shortcomings or merits.

Other observations made in recent years:

(1) Increase in weight owing to accumulation of oedema fluid precedes venous hypertension has been demonstrated in man.

(2) Retention of sodium and water was proved to be an important aspect of this syndrome

(3) Increased production of anti-diuretic hormone or decreased hepatic destruction of anti-diuretic hormone.

(4) Variation in fluid distribution to kidneys by neural or hormonal pathways.

(5) Increased renal-vein pressure have all been shown to produce or to be associated with congestive failure.

Heart Failure results when too great a disproportion exists between the load on the heart and the strength of the myocardium. There are two types of load: amount of blood to be pumped termed "inflow load", and resistance against which blood is pumped called "resistance load". The three main factors to be thought of are inflow load, arterial resistance and myocardial strength, *i.e.*, the Syndrome of congestive heart failure is the result of failure of these normal mechanisms of cardio-vascular adaptation.

Mechanisms.—Proper myocardial contraction, is necessary for adequate circulation of blood through tissues.

The volume of blood pumped by the contracting myocardium, *i.e.* cardiac output is normally adjusted to the needs of the tissues of the body. The heart does not regulate its output; its response to physical, nervous

and hormonal factors is determined by the state of activity of the peripheral tissues. These factors modify (1) the heart rate or (2) the stroke volume of the ventricles.

Stroke Volume.—Strength of contraction of the myocardium is related to the degree of stretch of its fibres—the greater the diastolic volume of the ventricles, within limits, the greater the strength of the beat-Starling's law of the Heart-Major mechanism of cardiac adaptation. Beyond a certain point, stretching of the myocardial fibres results in diminished rather than increased strength of contraction, resulting in cardiac failure.

Failure of cardiac adaptation.—The margin between the cardiac output at rest and the maximum output of which a person is capable under conditions of activity may be called cardiac reserve and represents the functional capacity of the myocardium to increase its work output. In any person there are definite limits of cardiac reserve.

Reduction of cardiac reserve, occurs in diseases of the myocardium and coronary vessels. This decreases the cardiac output.

Harrison noted that cardiac output in patients with congestive heart failure might be within normal range. Modern studies utilising the cardiac catheter have confirmed these observations, and indicate that in heart failure the cardiac output may be normal, elevated or depressed compared with normal standards Moreover it is clinically apparent that the syndrome of congestive heart failure can occur in the presence of an obviously elevated cardiac output in conditions like anaemia and thyroid disease. Myocardial failure is said to be present whenever the heart is unable to satisfy the peripheral requirement of increased flow. Myocardial failure and congestive heart failure are not synonymous.

Results of myocardial failure follow upon two main deficiencies. (*i*) Inability of the heart to increase its output in response to increased peripheral demand. (*ii*) Inability of the damaged myocardium to transfer the volume of blood it receives.

Forward failure—Inadequate blood flow through various vascular beds.

Backward failure—Congestion and vascular stasis in many organs of the body.

Forward failure.—Blood flow is inadequate for the tissues of the body. Many vascular beds are involved, with vasoconstriction. Changes in the renal circulation are of particular importance.

Intra-renal construction.—Renal Haemodynamic adjustments have been carefully studied, by modern clearance techniques. A marked reduction in renal blood flow is noted. Glomerular filtration is reduced. The mediation of renal vasoconstriction is poorly understood. Activity of the autonomic system was not necessary for its maintenance: various humeral agents and hormones have been implicated.

Renal circulatory changes are associated with diminished excretion of sodium and retention of fluid.

Backward failure.—Failure of the damaged myocardium to pump the blood returned to it may occur in the right or left ventricle. Consequences being congestion of systemic or pulmonary circulation.

Congestion of pulmonary circuit as a result of failure of left ventricular myocardium has important effects on the ventilatory function of the lungs. Congested lung becomes more rigid and offers resistance to inflation and deflation. Adequate maintenance of ventilatory function is brought about by the increased activity of the mechanisms of respiratory control.

Systemic venous congestion is reflected in disturbances of functions of various organs especially liver and kidneys.

Hepatic congestion—impairs hepatic function, reduces destruction of A. D. H.

Renal congestion decreases excretion of sodium and water with changes in glomerular filtration—couples with the effect of arteriolar constriction already described—renal dysfunction is associated with myocardial failure.

This produces hypervolaemia.

Arteriolar constriction due to inadequate cardiac output or elevated renal venous pressure combines to reduce the excretion of sodium and causes retention of water and expansion of extracellular fluid volume. This leads to oedema formation. Older concept of oedema formation due to increased capillary hydrostatic pressure as a consequence of venous congestion has fallen into disrepute in the light of recently gained knowledge of salt and water retention due to kidney dysfunction.

One group claims the sequence of events :—

Elevated venous pressure—elevated capillary pressure—reduced blood volume—renal retention.

The other postulates :—

Diminished cardiac output—renal retention—increased blood volume—oedema.

The application of intravenous cardiac catheterisation technique to the study of the pathogenesis of congestive failure has yielded information about the relationship between venous pressure and cardiac output. From these physiological observations it has been found that in heart failure the cardiac output may be low or high.

Low—Hypertensive—arteriosclerotic—valvular.

High—Thyrotoxicosis—anaemia—Beri Beri—arteriovenous aneurysm—cor pulmonale.

In low output failure—a rise in cardiac output may accompany reduction of venous return. Thus reduction in blood volume and venous return after venesection or injection of mercurial diruetics may be associated with increased cardiac output. On the contrary in high output failure the rise in venous filling pressure is necessary to maintain cardiac output at the high level required. Venesection or administration of cardiac glycosides may result in a fall in cardiac output. High output failure is related to forward failure, low output failure to backward failure.

Although the primary haemodynamic disturbances of congestive heart failure may be attributed to the impairment of the function of the heart, the dysfunction of the kidney with abnormal retention of salt and water in cardiac failure has led to considerable controversy questioning the primacy of venous hypertension in the genesis of cardiac oedema. In animals cardiac output can be measured by methods based on Fick's principle. A knowledge is required of the carbon-di-oxide output content of mixed venous blood and arterial blood, and the carbon-di-oxide output or oxygen consumption per minute. In man this obvious difficulty was solved when Cournand in America published the method of cardiac catheterisation. By this method it is possible to measure the right auricular pressure and the cardiac output.

The idea that in cardiac failure increased venous pressure is not entirely due to back pressure was originated thirty years ago by Starling working with his isolated heart lung preparation. He established that upto a certain point, increased cardiac inflow was accompanied by increased output and that above this point the preparation became overloaded and output began to fall. In man a similar state of affairs is seen

in the low output-cardiac failure commonly seen in patients suffering from chronic valvulur defects and hypertension. In these patients venous pressure rises in the early stages in order to maintain output and in the final stages the heart becomes overloaded and a failing output is associated with dyspnoea. In the final stages, in hearts still capable of recovery venesection and digitalis therapy reduce venous pressure and improve cardiac output.

In contra-distinction to low output cardiac failure is the condition of high output failure which occurs in Beri Beri, anaemia, thyrotoxicosis, emphysema, arteriovenous aneurysms and Paget's disease. All have in common a tendency of inadequate tissue oxygenation. Here there is increased venous pressure in order to maintain output and maintain oxygen carriage, and it is obvious that any attempt to lower venous pressure by venesection, digitalis, or other methods is to defeat a natural compensatory mechanism. In chronic anaemia Sharpey and Schafer have shown that at levels below 30% haemoglobin, cardiac output may be doubled and has suggested that right auricular venous pressure is set at any optimum level. Not only is digitalis dangerous when given alone but transfusions, unless of very small volume, may precipitate acute failure and death from pulmonary oedema. It is interesting to note that in anaemia, the blood volume is markedly reduced and plays no part in raising venous pressure. In acute corpulmonale digitalis is usually just as dangerous as in the chronic corpulmonale of emphysema and death may follow its use. The inclusion of Paget's diseases under high output failure is due to the demonstration of greatly increased bone-blood flow in the disease bones behaving as multiple arteriovenous aneurysms. Thus it is now believed that the venous system plays an essential role in cardiac output and is far from the previously assumed system of non-contractile tubes. Aside from the division of congestive heart failure into left, right and combined types, it is important to subdivide these into those of structural *e.g.*, mechanical or obstructive origin and of myocardial origin. Congestion of the lungs due to mitral stenosis and systemic engorgement due to tricuspid stenosis or diseases of the pericardium are examples of heart failure due to structural causes. In these diseases the progress is slow, patients remain in a state of chronic invalidation unless the underlying structural defect is amenable to surgical treatment Mitral stenosis leads directly to left sided failure with pulmonary congestion and due to the structural barrier indirectly leads on to right sided failure with systemic congestion.

In hypertension or aortic valvular disease, the primary strain is on the left ventricle which would dilate a bit and compensate to eject the normal amount of blood into the aorta. Prolonged dilatation progresses beyond the point of improved efficiency and the left ventricle fails to propel

blood, resulting in increased pulmonary pressure, congestion of lungs and dyspnoea. The right ventricle labouring against a constant strain due to increased pressure in the pulmonary artery becomes hypertrophied. When the right ventricle is harassed, oedema results. Patients who originally had primary left ventricular strain may be seen in various combinations of cardiac failure. Though the left and right portions of the heart are looked upon separately, the importance of a balance between the two ventricles becomes clear from the following analysis. If the left ventricle were to expel one drop of blood less than the right ventricle per beat, within 3 or 4 hours, 1 litre of blood would accumulate in the lungs. This would lead to acute pulmonary oedema. On the other hand, if the right ventricle were to pump one drop less than the left ventricle an equal quantity of blood would accumulate on the venous or right side resulting in venous distension—enlarged liver and peripheral oedema. However if both ventricles diminish their output equally, although the circulation would slow up there would be no accumulation on either side and neither pulmonary congestion nor peripheral oedema would result. In other words, although a slight imbalance of the two ventricles may exist for short periods of time, the ventricles must eventually expel equal amounts of blood if disaster is to be avoided.

Accessory factors.—(1) The dynamics of the circulation as a result of congestive failure, are altered, and further aggravate the congestion. The total blood volume increases from a normal amount of 5000 cc. to 6 to 7 litres or more. The excess blood is stored throughout the venous side of circulation, the lungs and in the dilated heart. The heart at times holds 1 litre or more of blood in excess of the normal, within its chambers. So there is a large amount of residual blood in the heart which is not expelled. This decreases the efficiency of the heart.

(2) The velocity of blood flow is decreased. This leads to further congestion. The circulation time is very much slowed down, and these are contributory factors for cardiac asthma.

When the patient goes to bed there is a gradual shift of fluid from the periphery to the pulmonary circuit. Venous return from the leg is facilitated, and right ventricle expels a little more blood than the weakened left ventricle can. Vital capacity which is diminished gets further reduced The reflex stimuli from the congested lungs which control breathing are not so effective at night than during waking hours. This results in a greater degree of pulmonary stasis before reflex stimuli from the lungs are effective in producing exaggerated breathing. Finally the stimulus becomes so great as to arouse the patient from his sleep.

Other less important influences may serve as precipitating factors—Coughing, a full bladder, abdominal distension, unpleasant dreams, change in environmental temperature, lowering the head, a large meal. By some method, probably through nervous reflexes, these factors serve as trigger mechanisms.

Factors precipitating heart failure.—Infection, Physical effort, prolonged emotional strain, obesity, pregnancy, anaemia, hyperthyroidism.

Summarising.—Hope theory of Back pressure *i.e.*, chronic venous congestion in chronic valvular affections takes place behind a failing ventricle is not adopted. Stokes qualified and amplified this view and laid stress on the myocardial factor.

Later the forward pressure theory was put forward by McKenzie. By this is meant that venous congestion occurs in front of a failing ventricle, the output of which is diminished with an increased amount in the venous circulation. According to the back pressure theory, chronic venous congestion in the systemic circulation is indicative of right sided failure and venous congestion of the pulmonary circulation signifies left sided failure. In forward pressure theory, chronic venous congestion in the systemic circulation is indicative of left sided failure and venous congestion of the pulmonary circulation signifies right sided failure. Recent clinical, radiological and experimental evidences including that on the chemistry of the blood, together with post-mortem findings strongly suggest that the forward pressure theory does not fully explain the phenomenon of cardiac failure. It is probable that in cardiac failure both deficiency in output and back pressure are involved.

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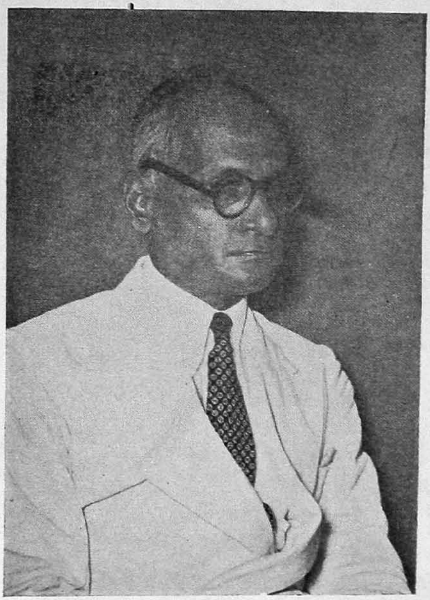

Dr. K. C. PAUL, M.D.,
Recently appointed as Honorary Physician,
Govt. General Hospital, Madras.

Dr. K. P. SARATHY, M.B.B.S., M.SC.,
Professor of Pharmacology,
Madras Medical College.

The Morning Star

No one excepting you for me,
My love and all I give,
There's no one else like you for me;
Only for you I live.

My love for you will never fade,
Wherever you may be,
For you by Him that I was made,
Is what, that I now see.

It's only for the love I bear
For you, I now endure
All the shame, with full of fear
Until my life is sure.

There's ne'r a day that passes by
Without a shed of tear
God, I should suffer all this why
From all her near and dear?

No one can see how deep my love,
'Cause none have faith in me,
To make them know, I know not how;
O Peace! my torch shall be.

If what I speak is not the truth
O God, take me away
Let death be mine and show no ruth
While she is far away.

—**PeFe.**

★

If I had my life to live over again, I would make it a rule to read some poetry and listen to some music at least once every week. The loss of these tastes is a loss of happiness.

—*Charles Darwin.*

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The Master of Ceremonies

M. SIVARAMAKRISHNA,

PRELUDE: "Vote for Sundaram!"

"Please Vote for Sundaram!"

"Sundaram is your man".

Sundaram was their man all right, and he was elected President of the College. But that is another story, and let us not be carried away by the oft praised and less seen qualities of the man—and meet the real man. The man behind the story.

This is their story—the story of one man who stood against the inequities of time and the vicissitudes of Fate courageously and fearlessly. To uphold the ideals that he held right.

Now for the credit titles. The hero, superbly played by that virile actor, the Indrajit. The heroine never more beautiful than on this panoramic sheet, whose vistas sweep with breathless speed. And the director, yours Truly. Cymbals strike once now. Fade out.

Now opens the scene over a College, The Medical College,

And the Elections.

Commentary.—Behind the glittering rowdy bustle of a college election are the men responsible for the show. Where would Sundaram be, or Mani be, but for their lionhearted job, unthanked, unknown, unmourned for, and often unasked?

Well, not exactly unknown. Mr. Indrajit was a well known figure in the College, a figure in White, Symbolic of peace and the purity of his own heart. He wore gold rimmed spectacles and his smile was spontaneous as the crack of an over-ripe coconut.

"Hello, Indrajit! what, you are still here?" asked Mohan, as the voting queue wriggled past the row of tables where sat two representatives from each class.

"Hello", smiled Indrajit, "Sign against your name please". Mohan did so and the other gave him a voting slip.

"Your friend hasn't come yet?" asked Mohan Indrajit replied testily, "They'll all come in due course. Now will you please move on"

"Let me see there, the name is blank still".

"Get a move on. There are people behind you".

Mohan took the slip and joined the others ahead.

Outside, on the balcony there was a discussion. Reasons were being put forth why one should win or not. The corridor leading to the voting room was lined by two rival rows of supporters, all manhandling anyone who dared to risk the perilous walk to the door. The unwilling voters behind who shrank back were prodded on by the swirling current of the humanity who were milling forwards as though to an El Dorado

Mohan came out, laughing quietly. Two or three chaps surrounded him.

"Indrajit is still there, man, issuing voting slips".

"Did he not go for his meals?"

"Certainly not. What an idea! Supposing *she* came to vote while he was out—".

"Unbearable thought".

"It would be a calamity. The poor fellow will never get over it".

"But man, he must have had his lunch. It is now 4-30 p.m.".

"He hasn't moved from that room since 11 a.m."

"Not once?"

"No".

"Poor fellow!"

"What do you mean, poor fellow? When she comes to vote, for him to ask for her signature and to give the slip with his own hands, and for her to take it from his own hands—there is a joy, such as is denied to us".

"True. Oh, how true!" Chuckled Shyam.

Then a servant came upstairs, frantic with worry "Sar, my master has not yet come for his food Sar, in all these years he was never late. I am waiting for him from twelve. If I go home, amma will yell. Where is master, Sar?"

"Your master is inside". I'll tell him. Said Shyam and went in. He came out. "He said that you may eat the food yourself and go home".

"Amma will kick me, Sar. Also, how can I eat lunch in the evening, Sar?"

"Oh, go to hell". Indrajit had come out. He looked acutely unhappy.

"Master, let us go", begged the servant.

"Are you having heart trouble?" asked Kalyanaram.

"No." Said Indrajit venomously.

"You look it" apologised Kalyanaram.

A dark boy asked. "Has she come, man?"

"Shut up, you fool. None of your business"

"How sad. You are breaking my heart. Did you have your lunch?"

"None of your damn business". Indrajit said incoherently and tottered downstairs.

Another boy came near the group and hailed them. "Hello, is Indrajit inside still?"

"See this fellow. He wants to know whether Indrajit has gone out so that *he* can go in and wait for that girl there".

"I say, Muruga, that girl hasn't come yet, man. Why don't you go and call her?"

"I am Sorry. I don't want the obligation on me".

"Man, Sundaram will be losing one Vote. You are his *supporter*. Go and bring her".

"No. There are other votes".

"One vote may make all the difference".

"Sorry. This one is out of question. If she doesn't come by herself I am not going to beg her".

But Sundaram won the election by a happy margin, and everybody had a treat. That is, those who helped.

Next day was the Ladies' Hostel Day. Indrajit superintended over all the arrangements. The evening neared and he was happy because now he would be actually *within* the enemy's camp.

At 5 p.m. he went upstairs, where he met two girls going to the stage.

"Hey, Sarala, here he is".

"We have been looking all over for you".

"The pleasure is all mine". Smirked Indrajit.

"Certainly it is not ours". Said Sarla.

"I am sorry. All these arrangements take so much time".

"Yes, yes. Only you could have done so much at such short notice too".

Indran's handsome face flushed with pleasure.

"Oh, that was nothing at all".

"I am sure, it is".

"Not at all".

" Yes, indeed ".

" Oh, no ".

" Oh, no, no. I mean, really, it is splendid ".

" Thanks ".

" Don't mention it ".

" Please enter " he said. They entered, and the two girls fairly screamed with Joy.

" Oh, it is so grand! So simply marvellous! "

" The electrician did not turn up in time. I did all these arrangements myself. Then I went in the car for a Carpenter ".

" All by yourself? " asked Sarala caustically.

" Eh, he ". Smirked Indrajit.

" But didn't you have classes? " asked Seethamma.

" Yes, But this was urgent ".

" So much trouble you have taken It is so nice. Isn't it, Kamala? "

" What? oh.... these things. Yes. Who made them? "

" This doctor did all these himself. We are very grateful for his help".

" The invitation cards? "

" That also he designed himself ".

" Everybody in the hostel is saying it is so nice ".

" Thank you. Now I have something to attend to: Please excuse me ". He felt hot and stuffy People were entering the hall and taking their seats at the tea tables. He felt in his pocket for the original of the design which he picked up in Moore Market. With a sigh, he crumpled it up into a ball and threw it far outside the window.

But the three girls would not let him go. He had to sit at a table with them. He said, " I'll turn the fan on ".

"No, no, wait—".

"No, no trouble at all". He went out, and came back sheepishly. "The fan is out of order".

"That is what I wanted to tell you" said Sarala sadly. "See, the other fans are working".

He looked at another fan, and then his glance stayed, paralysed. For there before him was *she*, the dream of his dreams, the song of his life, whom he could never approach before, with only a table between them: only a table between them! The poignancy of it! (This is one of the trailer scenes).

He moved his chair to a side and took the scene in with greedy eyes. (close-up, eyes greedy, pathetic, and bitter in its stark poignancy). The girl's eyes were absorbed on the table cloth before her. Nobody had yet started to eat.

A brief moment, and the ravishing scene disappeared behind an opulent neck. Indrajit cursed the fat father of a fourth year girl who had grated his chair into his line of vision. It was useless to wait, for the man sat rocking back and forth in the creaking chair.

Indran got up and mumbled, "I want to see a friend there" and went across the offending neck. He stood before the girl, hot blood racing though his veins. He did not know what to do or say.

A girl to the left of him looked up, moved aside and gave him a place. He sat down, took the plate and said "thank you". He began to eat nervously.

He looked up—and met *her* eyes. An instant, and *her* eyes shifted swiftly elsewhere. He sighed inwardly.

After all, this is a tea party and I have not hurt her feelings before or anything like that. No reason why I should not talk to her, he reflected.

"Doctor" he said in a low voice.

There was no reply. All eyes were on the food, and all other mouths were busy.

"Doctor, are you from Nellore?" he asked the Queen of his heart. (Background, romantic music faraway).

The girl to his left looked briefly at him. "Me? I am from Cochin, doctor".

"No. Not you. I mean *her*" he pointed to his classmate, still stoically looking at her plate.

"Who? she? I don't know. Nalini, are you from Nellore?" she asked *her*.

The Queen of his heart said with head still bent, "why do you want to know?" *Her* tone was metallic.

"No, nothing. The doctor here asked me. That is all".

"You need not know". *She* told the girl unpleasantly, with a tone of finality. A pause. A long, long pause. (Background, a poignant musical score).

"Now for the Second Item on our programme", blared a voice from the loudspeaker above. "Will Mr. Indrajit *pl - ea - se* come forward and conduct the numbers game?"

Mr. Indrajit would, and he did. Last month he conducted the numbers game at a class social with dazzling skill (unfortunately he later discovered *she* was not present at the social) and now the crowd was expectant. Those who knew told those who didn't know, and those who didn't know told those who didn't care to know. His fame spread in a murmur that swelled to applause.

Something seemed wrong, for Mr. Indrajit walked rather unsteadily to the platform.

"Perhaps he is having a cold or something". Said one girl to her room mate.

"See how nice he looks. He is a very good boy". Said the other.

"But why is he walking like that?"

"Perhaps he is shy".

"Such a nice boy".

Indrajit did not hear all this, but he felt it in th[illegible] him. He rallied gallantly. (After all, he was the hero, and the [illegible] will kick him in his pants if he doesn't put on the proper expression). But today

his wit lacked polish, and his voice was strained; he swallowed words and rolled numbers unhappily. His plight was pathetic and his laryngeal cartilage bobbed up and down spasmodically.

At the end of the game there were five girls left, each claiming the only prize of a beautiful toilet set.

Indrajit looked unhappy, and said with a weak smile, "Shall we start it over again?"

The five girls consulted their room-mates, each in a corner of the room. Five fair heads bobbed, whispered animatedly, and looked up. Five fair heads shook sideways emphatically, decisively. There was no compromise. Each wanted the lovely prize.

"Why should he— ".

"I don't care what happens. Why should we— ".

"I did not do any cheating. Why should I lose the prize?" demanded a warrior lady.

Such sundry sentences came over the air, floating, tangling and untangling, scolding, menacing, disquieting, over the air. Mr. Indrajit looked a sad Master of Ceremonies. He tried to blab but did not know what to say. He adjusted his tie.

"Let us scrap the game", said the hoste lwarden with a bright smile. Five fair faces turned into five fair frowns.

"Who invited that stuck-up fool?" fumed the Queen of his heart to *her* room mate next to *her*.

"See what he has done". said Sarala to kamala at another table. "Now we will have enough quarrels in the hostel for a week".

"I dont care. I dont care". said Kamala. "He is such a *nice* boy"

Finale.—*Closing bars of music, swelling to a crescendo.*

N.B.—Any resemblance to living characters is perhaps coincidental.

Who knows?—*M. S. K.*

Thoughts on undergraduate training

Dr. M. M. COOPER, M.B., B.S.

MORE often than not it is the method or manner in which a work is done, that is more important than the work itself. The rendering of a song is more interesting than the song itself; the polite manner of speaking is more important than the words by themselves, and so on. For the student at work, during the hours of his private study, it is the method of study that needs a more careful consideration than the actual volume of study itself.

Your private time table.—How often have we all made time tables and, unable to follow, ignored them, just like the addicts who vowed never to smoke again but could not resist an offered cigarette the next day! Hence the necessity for an indomitable will to follow your time table.

In forming your own time table don't ignore the factor of balance between work, exercise (games included), and healthy recreations which take the mind off the work. Lack of proper adjustment of these factors usually lead to failure. Never fix a date in the near or the distant future for putting your time table into action. That date never comes. Do it *Today* and *Now*.

Your Books.—A student is said to be in the "they say" stage. On passing out and gaining his own experience he goes on to the "So they say" stage doubting a few facts in medicine and still later with his own research work to back him, with an authority he says "Let them say". You as an undergraduate should never try to go beyond the "they say" stage. Absorb fully what authoratative knowledge there is before you, and with that aim buy books which are concise and straight to the point.

For instance "Gray's anatomy" for anatomy or " short practice of surgery " in surgery etc. etc. Avoid the practice of taking random peeps into many books for one subject.

Your Notes.—Why are notes called notes? That is because you are supposed to jot down or record in a book, such information, points or figures, which are not found as a rule in your text books. There is no meaning in working down lengthy chapters which are already found in the books. A teacher ripe with experience might have a striking figure say in anatomy, or a unique prescription or technique in medicine, to give you. Your notes are put to real use if you note that figure or prescription down in your notebook.

Remember, notes are to be written so that you can read them over again before the examinations. Hence from the very start, keeping the dooms' day in mind they must be legible, neat, and well arranged under prominent headings and sub-headings if they are to be of real help to you.

Your memory.—This may be divided into:

(1) Memory of words heard.

(2) Memory of words, figures and cases seen or read. I am of the opinion that the latter is the better of the two, and would recommend to the student the method of:

(*a*) recording precis of important topics.

(*b*) profusely illustrating his notes.

(c) trying to visualise a particular region or case seen in a three dimensional way.

The memory of words' dogmas, tips or jokes heard and appreciated is no doubt of great value at times, and while enjoying a humourous tip it is a good policy to repeat the words, dictums, or names over and over again till the mind is well impressed with the tip.

Your modus operandi.—In a few words I would put it this way:

(1) Read the text book prescribed or chosen by you, on the topic that is being done in the class.

(2) Revise the notes taken in the class and correct mistakes (your own) if any. Set right, any irregularity and add some points from the books, if they have not already been dealt with in the lectures.

(3) Always refer a text book for the topics you have heard or cases you have examined in the wards, on the same day.

(4) Keep a ' memo ' book, to remind you of verifying a particular case sheet, or looking up a particular dissection, or preparing a particular graph.

Examination Preparations.—Suffice it to say that I condemn all eleventh hour preparations. You don't woo your girl or give a " Maclean " smile to your boy on the day just previous to your marriage. Do you ?

Answering Question Papers.—Without wasting your time further, I advise :

(1) Allot a definite time to each question depending on its marks.

(2) Read your questions slowly and deliberately and understand them by putting yourself in the place of the examiner.

(3) Don't " fall in love " with one question writing a monograph on it and scribbling a few lines for the rest.

(4) Answer only as much as is asked of you, and let the presentation be good Don't forget the nice crockery we use when serving tea to a guest. Though the tea is the main thing, the beautiful cups and saucer do plays their own role. An answer well arranged with headings, sub-headings and points, and with allowances made for margins, underlines, and legibility will add considerably to the value of the matter you have written. A shabbily scribbled answer is like a shark-skin suit worn after it was lying in a ditch in the football field all thro' a wet night.

Your Mental Make-up.—This could be the subject of a thesis, but all that I would say here is :

(1) Understand seriously the real significance of your presence in the college as a student of your profession, and outside the college as a humble wheel or cog which must take its own assigned place in this vast machinery of the universe.

(2) Try to put yourself in the place of every one else, and with reasonable honesty. You will be the darling of your class or college.

(3) Meet all emergencies, and difficult situations with calmness and resolve.

(4) Drop mutual suspicion and gall.

(5) Steer clear of pettimindedness over-shadowing it with your broad mind and large-heartedness.

(6) Never lose your sense of humour, and be always the person to forget and to forgive.

"Learn that the present hour alone is man's "
Tomorrow is the fatal distress of the young, the lazy ".

—Dr. Johnson.

Wise men ne'er sit and wail their loss
But cheerly seek how to redress their harm".

—Shakespeare.

The use and abuse of Antihistaminics

Dr. M. C. RAMA AYYANGAR,

B.A., M.B., B.S.

AN important and recent advance in the treatment of Allergy has been the discovery and therapeutic use of the Antihistaminics. These are useful as adjuncts to Specific Desensitization by giving relief till it becomes effective, useful before a specific diagnosis of the sensitizing allergen can be made out, useful in cases of Intrinsic Allergy, in cases where it is not possible to identify the allergen, in cases where Desensitization has not afforded satisfactory results and lastly in cases where the sensitizing agent is physical or psychogenic. A systematic search for these compounds started in 1937 by Bovet and Staub at Pasteur Institute, Paris, led to the finding of 2 potent agents, which were however found later to be toxic. Hence a search was made for other less toxic ones and in the next few years a large number of preparations differing not only in the intensity and duration of their action, not only in their therapeutic range but also in the nature and incidence of their side effects and in their subsidiary pharmacological actions was introduced. Most of them had the antihistamine nucleus CH_2 CH_2 $[N(CH_3)_2]$ and they differed mainly in their side groups and the type of their linkage. Benadryl the first to be used clinically was introduced in 1946.

PHARMACOLOGICAL ACTION

(1) Anti-allergic or Anti-histamine action

(2) Increases capillary resistance.

(3) Antispasmodic.

(4) Anticholinergic atropine—like action. No sympathomemitic action.

(5) Local anaesthetic and analgesic effect.

(6) Quinidine like action on mammalian auricle.

(7) Oxytocic effect in laboratory animals.

(8) Sedative—hypnotic effect.

THERAPEUTIC ACTION

At first the Antihistaminic drugs were used mainly for the symptomatic relief of allergic, histamine—motivated disorders but in course of time they were found to be efficacious in many other diseases as well, because they possessed other properties besides neutralising the pharmacological action of histamine in the tissues. Their therapeutic efficacy is now well established.

(1) **Antiallergic action.**—These drugs produce symptomatic relief in a wide variety of allergic states; they only afford palliation but do not effect a cure; they do not immunize the allergic patient and hence do not replace the immunological therapy by specific Desensitization in cases of Extrinsic Allergy.

(2) **Anaphylactic reactions.**—Greatly benefitted if not completely controlled.

(3) **Anti Pruritic Action.**—They also afford relief of itching in all types of Dermatosis.

(4) They can also be used locally in such skin lesions for this *local anaesthetic and analgesic* effects.

(5) **Antispasmodic.**—The antihistaminics are also used in certain diseases to relieve the spasm of smooth and involuntary muscles.

Prompt, consistent and even dramatic relief is obtained in acute cases and symptomatic improvement occurs within an hour of beginning the treatment. But in many cases relief is got only as long as the drug is administered. Patients do not always respond alike to the same drug. Certain patients react badly and get toxic reactions. More over the effect of certain preparations becomes weaker on prolonged administration and a full effect is got only on medication with another brand.

PREPARATIONS USED

I. **Derivatives of hydroxy dimethylamine ethylene.**—(1) Benadryl (P. D. & Co.). β dimethylamino—ethyl Benzhydryl ether Hcl. Dose in adults 3-4 capsules (each 50 mgm.) daily and in children 1-2 teaspoons of Syrup (10-20 mgm.) tds. (*i.e.*) 2-3 mgm./lb. body weight. (2) Hydryllin (Searle). (3) Decapryn (Movell).

II. **Derivatives of Ethylene Diamine.**—(1) Diatrin Hydrochloride (Warner). It is N, N—dimethyl—N-Phenyl—N'—2 thienyl-methyl ethylene Diamine monohydrochloride. One tablet of 50 mgm. 4 times a day. (2) Pyribenzamine (Ciba) is Hydrochloride of N—benzyl—N. (*L*. Pyridyl. N—dimethylene diamine), one tablet (50 mgm.) or 10 c.c. Elixir 4 times a day after food. (3) Anthisan (M & B) is N, N'—dimethyl—N'—(2—Pyridyl)—N'—(P—methoxy—benzyl)—ethylene diamine Acid maleate. 0·3—1 gm. daily; 2 c.c. 2·5% Solution I. M. (4) Neo-antergan (Merck). (5) Tagathen (Lederle). (6) Histadyl (Lilly). (7) Nuclon (Smith Kilne). (8) Thenylene (Abbott). (9) Neo-hetramine (Wyeth). (10) Histantin (B. W. & Co.) is DL—1—(P-chlorobenzhydryl)—4 methyl piperazine.

III. **Phenothiazine Compounds.**—(1) Phenergan (M & B) is Pronethazine Hcl (*i.e.*) N—(2—dimethylamino—n—propyl) phenothiazine. It has a powerful and prolonged action for 18 hours; one tablet (10 mgm.) tds. during day and 25 mgm. tablet at night. (2) Tanidil (Bayer): 1—2 pellets (25-50 mgm.) tds. and 2—10 teaspoons of syrup daily according to age. (3) Pyrolazote (Upjohn).

IV. **Imidazoline Compounds.**—(1) *Antistine* (Ciba) 2 N phenyl N Benzyl amino—methyl Imidazoline Hcl. ½—2 tablets (100 mgm. each) tds. or ½—2 c.c. I. M. once or twice daily. (2) Histostab (Boots). (3) Synopen (Geigy) is N—Dimethyl amino ethyl—N—P—Chloro benzyl Amino-pyridine Hcl. 1—2 tablets tds. or 2 c.c. I.V. in serious cases. (4) Neo-Bredal (Bayer). 4—6 pellets (gr. 1½ each) daily.

V. **Derivatives of Dimethylamino Propane.**—(1) Trimeton (Schering) is 1—dimethylamine—3—(2 Pyridyl)—3—phenyl propane. (2) Chlor-trimeton. (3) Coricidin.

VI. **Miscellaneous.**—Thephorin. (Roche) contains 2 methyl 9 phenyl—tetrahydro—2. Pyridindine Hydrogen tartrate.

Ointments and creams (2%) are available for local application and solutions for nasal application.

DOSAGE

There is no rule of thumb which suits all cases and dosage is an individual problem, the exact dose, frequency and duration of treatment being determined only by clinical trial by the physician in charge who adjusts them to the needs and clinical response of the patient. Dosage varies from person to person and in the same person from time to time and with the condition to be tackled. Always begin with an average dose (initially low); increase according to the needs and tolerance; and once symptoms are controlled, the dosage is to be reduced progressively to the minimum effective level which is to be continued for another 2—3 weeks before stopping it. If symptoms recur, treatment may be resumed. The daily dose should be divided into 4 or 6 portions and given after food. Injections should be given only in acute attacks as also when oral treatment is impracticable and in conditions such as angioneurotic oedema, nausea of pregnancy, serum sickness reactions and drug sensitization reactions when rapid action is required. There is clinical response in 3—10 minutes and it lasts for 4—5 hours. Large doses are required in urticaria, neurodermatitis, Br. Asthma etc. and prolonged treatment is required in chronic conditions such as Parkinson's, rhinitis, Br. Asthma etc.

INDICATIONS

The most outstanding benefits and striking clinical results have been obtained in urticaria and pruritus of varying etiology and in Drug Sensitivity Reactions. Antihistaminics are valuable in all pathological states resulting from food or toxin allergy.

(1) **Urticaria and Angioneurotic Oedema.**—Histamine motivated. In 90% cases prompt relief is obtained especially in acute cases. Itching is relieved in ½—1 hour and lesions disappear in 4—6 hours. In ch. urticaria results are variable and transitory. The offending foods and drugs could be ingested without recurrence. Angioneurotic oedema is less susceptible.

(2) **Pruritus** due to food sensitization, Ivy poisoning, Senile type; pruritus in dermatosis and pruritus of even non allergic affections are relieved. Satisfactory results have attended their use in most cases of Atopic, Eczematons, Neuro and Contact Dermatitis as long as the antihistaminics were given. The suppression of itching facilitated cure by other ordinary methods of treatment and more rapid involution of the lesions. Only in chronic dermatitis good results ensue Results in pruritus ani and vulvae are far less satisfactory.

(3) High degree of effectiveness seen in 80% cases of *Hay Fever and Allergic and Vasomotor Rhinits* within ½ to 1 hour, the children responding better than the adults in the latter. Nasal discharge, sneezing and irritation of eyes cease within an hour.

(4) **Drug Allergy.**—Outstanding benefits have been obtained in treatment of *Sensitization Reactions* (uriticarial and pruritic) due to Penicillin, Sulfa drugs, synthetic antimalarials, gold, Arsenic, Antimony, Diamidines, Barbiturates and local atropine drops The antihistamine drugs are also extremely useful in *anaphylactic reactions* due to foreign protein such as Parenteral liver, sera, plasma, Insect bites and insulin and also in controlling drug dermatitis due to sulphones or thiosemicarbazones in treatment of leprosy. The anaphylactic type of Penicillin Sensitivity constitute a handicap to continuing penicillin therapy. These serum sickness like reactions are caused especially by oil-wax and procaine preparations. So administration of Penicillin should be stopped at once and Antihistaminics given orally (50—100 mgm.) or by slow I. V. (5 mgm. in 20 cc. Saline diluted) drip if reactions are severe. Relief can be expected within 12 hours. Later a test dose of 1,000 units of a different brand of Penicillin is given when reactions have subsided; if no reaction occurred in 6 hours, a second dose of 10,000 units was given and if that too was well tolerated, after another 4 hours a full therapeutic dose could be given along with the antihistaminics whose doses should however be gradually reduced in due course. The *Penicillin Sensitivity reactions* could even be prevented by simultaneous administration orally of 100 mgm. tds. of Antihistamine preparation. They are useful in less severe penicillin reactions but are disappointing in serum sickness type of reactions. The urticaria of Serum Sickness reactions are astonishingly relieved in 90% cases but fever and arthralgia are not affected. Giddiness due to Streptomycin is not benefitted. Antihistamines added to the bottles before blood transfusion prevent the allergic *transfusion reactions*, including the Pyrogenic. In *anaphylactic shock* injection of Antihistamines remove any imminent threat to life.

(5) There is convincing clinical evidence that some of its derivatives are effective in controlling the *Nausea and Vomiting* in a variety of unrelated conditions such as pregnancy, Travel Sickness, Complicating Administration of Aureomycin, Stilboesterol, Streptomycin and operations. In the first condition there is good relief in 80% cases in 2—3 days but treatment should be continued for another 3—4 weeks. Antihistaminics can be used for routine prevention of *Travel Sickness* and can be combined with pyridoxine to increase their efficacy. The efficacy is not due their anti-histamine action but their atropine like spasmolytic properties.

In *Irradiation Sickness* following the therapeutic use of x-rays or Radium which exhibits many characteristics of Histamine toxicity as a result of disintegration of cells, there is rapid relief of vomiting, weakness and headache and the patients can continue their daily irradiation.

(6) **Parkinson's Syndrome.**—There is good clinical response in 60% cases especially when used early and even in those who failed to respond to other drugs Those with phenothiazine nucleus are beneficial; they do not cure but are only palliative. Relapse occurs when the drug is discontinued. Large doses and prolonged treatment is necessary. Better results are obtained when used as adjunct to physio and psychotherapy and in combination with Solanaceous alkaloids, Artane or parpanit. These are of more value in Arteriosclerotic and Idiopathic than in Post-encephalitic types. Dose is 50 mgm. 3—4 times a day for even 12—18 months. There is decided improvement in mental out look, emotional expression, hypertonia (spasticity), tremors, posture, gait and other muscular activities. Patients can walk and eat normally. Siallorhea gets diminished; speech becomes clearer; tremors of hand cease but not of tongue. But oculogyric crises respond poorly.

(7) **Common cold.**—The antihistaminics are rather abused in this condition. Though the initial phase is allergic and the drugs may abort cold, provided treatment is begun within 1—4 hours of onset of symptoms, they are of no use in treatment. Sneezing, Rhinorrhoea may be controlled and the course of disease shortened

(8) **Br. Asthma.**—There is symptomatic relief and that too only partially in a small percentage of cases. These drugs cannot be used to control or alleviate an attack but may be used to avert recurrence of spasms. Children respond better than adults. These are contra indicated in serious or prolonged attacks of Asthma.

(9) **Miscellaneous.**—About 60% obtained relief from *Migraine.* Antihistaminics are useful in treatment of *Lepra Reactions.* There is marked improvement in the duration of albuminuria in some *Acute Nephritis* in which there are allergic inflammatory changes in glomerular capillaries, if treatment is begun early. These drugs produce beneficial results in *Ophidiasis* by counteracting the depressant action of venoms of both cobra and vipers. In *Meniere's Syndrome* continuous treatment is helpful. There is good response in *Tinnitus* and in *Tension Headache.* They have a depressant action on Gastric acidity and also decrease Duodenal Mobility and hence are of value in *Gastric hyperacidity*; they also have antispasmodic effects in Pylorospasm and Spastic colitis. Prompt, sustained and symptomatic relief occurs in 90% cases of *Primary Dysmneorrhoea.*

(10) **Local application** of antihistaminic creams and ointments is useful but may be combined with oral medication. The action is due to its local anaesthetic and antipruritic effect. This should be applied only on dry lesions. Their use is contraindicated in Acute Eczema, exudative and purulent Dermatitis. Topical application provides relief in Pruritic Dermatosis, in pruritus of systemic diseases, and Insect bites. 1% solution provides a safe and effective means of securing pharyngeal and oral anaesthesia for 45 minutes. But these local preparations may cause sensitization on prolonged use.

TOXICITY

In view of their wide spread use in therapy, the associated hazards of intoxication by the indiscriminate use for all and sundry or even otherwise should be kept in view. In the early history of Antihistaminics, side effects were encountered frequently and were considered inevitable. Later, drugs with good tolerance were discovered; but even these caused unpleasant reactions which were however mild especially in patients with idiosyncrasy. Usually these antihistaminics are well tolerated at normal dosage. In 30% cases no side effects were present even when used for long time in therapeutic doses. Troublesome ill effects occurred only in some and that with higher doses or when the drugs were given by injection or when given to infants and children. The reactions can be eliminated by decreasing the total daily intake and rarely is it necessary to discontinue treatment.

(1) **Cerebral.**—Mostly these are Drowsiness (*i.e.*) Somnolence (common), Dizziness, Mental confusion, Dullness, Disorientation, Ataxia, Convulsion (in Children) and Nervousness. Patients treated with Antihistaminics should be observed for signs of intolerance especially those brain workers, skilled mechanics, operators, motorists, air pilots and others who handle machinery and in whom mental alertness and co-ordination have to be essentially preserved. These occur commonly in 30—60% cases; Antistine, Diatrin and Thephorin have significantly mild effect on C. N. S. Hypnotics and Sedatives should be given with great caution to patients who are receiving Antihistaminics Reduce the dosage of the drug; give stimulants like caffeine (in the form of Coffee, etc.) or amphetamine sulphate 5 mgm. orally one hour before each dose of the antihistaminic. Also 25 mgm. of Pyridoxine Hcl. may be given.

(2) **On Digestive System.**—In some (5%) mainly gastric upset, nausea and vomiting occur, in some dryness of mouth and diarrhoea. These are treated by reducing the dosage of the antihistaminic and by taking them as sugar coated tablets during or after meals and with plenty of sugar.

(3) **On C. V. System.**—Palpitation, praecordial distress, arrythmia and Electrocardiographic changes do occur. In prolonged, high dosage as in treatment of Parkinson's, Granulocytopenia can occur and hence repeated blood examination is necessary. Phenothiazine nucleus causes Blood dyscrasias and damage to hemopoietic tissues.

(4) Other side effects noted are headache, Muscular aching and Joint Pains.

(5) Administration during late pregnancy may rarely cause onset of labour and hence they should not be administered in the final 3—4 weeks of pregnancy.

(6) Mucous membrane secretions are diminished because of atropine like effect.

Thus it can be said that the Antihistaminics have heralded a new era in the treatment of Allergic diseases, though they are surpassed by ACTH and Cortisone.

BACHELOR'S BEWARE!

" A man can not have any greater blessing than a good wife, or any greater curse than a bad one."

—*Simonides*

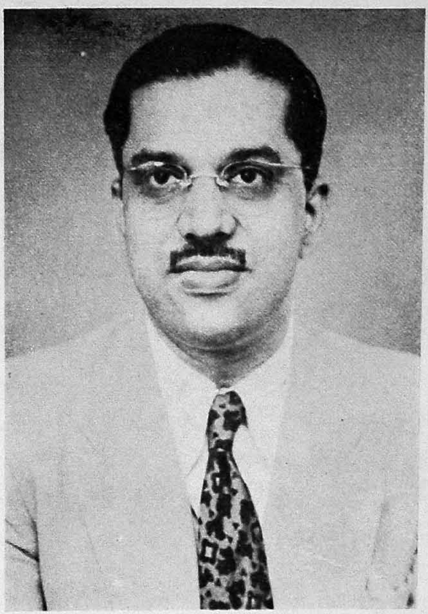
" Marriage is like sneezing : one does not know in advance."

—*A Russian Proverb.*

" Woman is a calamity, but no house ought to be without this evil."

—*A Persian Proverb.*

CONGRATULATIONS



Dr. C. SADASIVAM, M.S.,
Appointed as Superintendent,
Govt. Tuberculosis Sanatorium,
Tambaram.

Dr. VEDACHALAM, M.D.,
Transferred to Madurai Medical College
as Head of the Pathology Department.

25N

The Story I cannot Complete

V. RAMAMOORTHY, B.SC.

THE time was 5 O'clock. All the workers and employees were coming out of the Sen-Barlow Company Ltd., an Indo-American raw-film manufacturing concern. I just came out of my technical laboratory, and was pulling my coat over my crumpled shirt, when Mr. Barlow Jr., the Managing Director, stopped his car in front of me and said:

" Mr. Harry Smith, please drop into my house on your way home and inform my wife that I will be late tonight due to an urgent Board Meeting. I am in a hurry. Hope you won't mind "..

" Absolutely not Sir. I will be happy to do it ".

Little I realised at that moment that this small obligation would pave the way for all the tragedies this story is going to reveal. I wish that incident had not happened. But it was too late.

A little after half past five, I stopped my car in front of " Stromboli ", Mr. Barlow's house. The small garden in front of the house was well kept and the just blossomed flowers were tossing their heads to the mild evening breeze. The whole atmosphere was so beautiful and serene, I wondered just for a moment why Mr. Barlow named his house " Stromboli ".

I gently tapped the door.

" Yes. Coming dear" A tender voice answered from inside and was followed by hurried but light foot steps over the carpeted stairs.

The door knob clicked, and the door opened. I felt a million-volt shock. She was there, that tiny beautifully chiseled curves of flesh standing right in front of me—almost nude, but for her silk underwear—but only for a split second.

With a shriek she ran upstairs like a frightened deer and vanished. I could not help following that streak of lightning.

After a white she once again appeared on the staircase—this time fully covered upto her ankles in her night gown. She came down slowly and nervously and stood in front of me. Her cheeks glowed with a blush. She did not look straight into my eyes. With a faint smile, she said:

" I........I am........sorry. I thought........It is my husband " Her lips were quivering.

" It is I, who must feel sorry Mrs. Barlow, to come at an odd moment. I came just to inform that Mr. Barlow will be late tonight due to an urgent Board Meeting " I blurted out.

"Oh! Thank you " She just looked for a moment into my eyes.

She was standing there with one hand on the door knob. Perhaps she expected me to go, but like a brute forgetting all etiquette, I stood there my eyes glued to her body. For a moment we stood like that. I don't know what she thought;

" Oh! I am sorry. Please come in. We will have some tea. "

I followed her like a possessed man.

Why didn't I refuse her invitation! But how can I!—when something stronger than my will was dragging me into an unforeseen disaster.

I sat there for more than fifteen minutes in the drawing room like a man in a trance, recollecting nothing but her beautiful body, her thin lips, her innocent eyes, her.. ....my imagination was running riot, when she came back with the tray.

" Please excuse me for the delay. I am very fond of preparing the tea myself ". She was still nervous and was trying her best to avoid my eyes.

With thanks I took the tea which she handed to me, still not taking off my hungry eyes from her. I had to talk something or other to make her feel easy. I sipped the tea;

"It's delicious Mrs. Barlow. I don't think I have tasted anything like this before" I said.

"Oh! Thank you!" She blushed a little, once again.

There was silence for a few moments.

"Are you from America?" She asked.

"Yes. I am from Los Angeles. My name is Harry Smith. I am one of the technical advisers for Sen-Barlow Ltd.".

"It is very pleasant to meet my own countryman. I came just two months back, from America. Johnny and I were married only four months back. Immediately after that, Johnny had to come away to India and I couldn't accompany him at that time as my mother was not doing well. Though a strange land this country seems to be pleasant. What is your opinion about this country?"

"I don't know........ Perhaps I know as little as you know about this country". I was least interested to talk about India, when beauty in its concentrated form was in front of me.

"Why, you also came here recently?"

"Yes".

Our conversation was like this—discussing India, and America in a sort of very formal way.

I finally got up to go,

"Thank you Mrs. Barlow for the pleasant tea and for the company" I said.

She came over upto the door. I stood there for a moment, when she realised that my looks were fixed over her heaving bosom, she suddenly looked down, her eye lashes concealing her expression.

"Mr. Smith....... perhaps you were surprised when you saw me......" She didn't complete her sentence.

"Yes. Mrs. Barlow. But later I realised that reception was to Mr. Barlow but not to a stranger like me. That shows how much you love him. Mr. Barlow is a lucky man. Very rarely a man gets a beautiful wife who is also a loving one too" I bent slightly as a mark of respect and came out.

Well, that was how my first acquaintance with Mrs. Barlow started. Perhaps it is better to say that it was how my downfall began. I came out of her house fully drunk with her beauty. From that moment onwards there seemed to be only one motto for me—to possess Mrs. Barlow, wife of Mr. Barlow, my boss. Was it impossible? No! It was not, when I was prepared to throw my decency and morality to dogs.

Before I started my car, I looked at that house once again. "Stromboli"—Yes. Now I know why that house was a "Stromboli" I thought.

From that day onwards I snatched every opportunity to go to that house on the pretext of official work, and made Mrs. Barlow understand my longing for her. A praising remark about her beauty now and then made her heart a bit soft towards me—As a matter of fact which woman is not carried away by praise.

The days dragged on heavily. Mrs. Nancy Barlow loved her husband to such a degree, it was no wonder she worshipped even the ground he tread. So it was not easy for me to attract her attention. More the delay, more the determined I became. The madness stuck its roots deep into my heart.

I decided to take a firmer step to achieve my end. One day I stopped my car a little away from her house and called a boy who was playing on the roadside Handing over a bunch of flowers to him with a tag, "To Nancy. With love".

"Go and give this to the lady in that house. I will give you a rupee" I said.

I was waiting in the corner of the street. The boy returned after five minutes. His hands were empty. I felt for a moment the thrill of victory.

"What did she say?".

"Lady ask who gave. He said, master gives. Lady silent for a long time. Then she takes" the boy answered in his broken English and then smiled expectantly. I gave him a rupee and said;

"Be here tomorrow also. I will give you another rupee".

But the next day the boy returned back with the bunch of flowers I gave.

"Lady no takes master" the boy said dejectedly. Perhaps he was afraid that I won't pay him his promised money. He beamed with joy when I gave him the rupee.

"Master tomorrow?"

Desperately I said "No" and got into my car and drove off.

What next? What to do? How to proceed? A battery of questions stood before me. The brute in me said that there is no use trying to play hide and seek.

Next day I wore my best suit, particularly chose a time when Mr. Barlow will not be in the house and tapped the door. When she opened the door and stood there, she appeared still more beautiful.

"Good morning" I greeted her.

"Good morning" came the reply pleasantly.

"I brought you this", Boldly I offered the flowers.

She hesitated a bit for a moment.

"Oh! It's so nice of you Mr. Smith." She took them with a blush and read the tag. The same words "To Nancy with love" but I had added my name "Harry" this time.

She flew into a rage. Blood surged into her face and made it more crimson. She threw my flowers on to the floor.

"So it was you who sent the flowers the other day. Mr. Smith, are you in your senses? What do you mean by this?" She yelled at me.

I stood there leaning against the door with a mischievous smile which added fuel to the fire.

"Mr. Smith, are you mad? Do you realise what will happen to you if I say this to my husband?" She was trembling with anger.

I burst into laughter like a hysterical man.

"Mrs. Barlow. That question never arose from the day you stood in front of me in all your natural loveliness and beauty."

Her anger vanished and fear crept into her, for she looked scared. She jerked away a bit and said:

"Mr. Smith, I am a married woman. It is very indecent on your part to talk like this".

"Yes. I understand Nancy, how you love your husband, but I also know that there is a soft corner in your heart that can accommodate me too".

"No. No. It's an absurd lie. In fact I hate you. Mr. Smith will you stop this nonsense and get out of my house" She shouted.

I pretended as though I did not hear her.

"Nancy will you answer me a question? Tell me sincerely. Don't you love me?"

"No"

"No. It is a lie, dear. You love me I know. If you don't, why didn't you complain to your husband about the flowers?"

Though she recoiled as though struck on her face she pulled herself immediately and said:

"I thought they were from my husband" She was trying her best to appear brave, but I knew she was fighting a loosing battle.

"That is not true Nancy. You were perfectly aware that those flowers were not from your husband. In spite of it you did not complain. That is enough to show that you don't hate me".

"No. No. It's not true." She shrieked and began to sob leaning against the wall nervously for support.

I did not stop. I was looking straight into her eyes and was talking like a hypnotist.

"You don't know the mental torture I have undergone Nancy. It took me all these days to say this one sentence that I love you. I am already mad. Please Nancy dear, pity me" I advanced towards her. With a frightened look, she tried to run away, but I leaped forward, caught hold of her hand and pulled her into my arms. My lips came crushing on hers. She struggled, she cried, and battered my chest with her tiny fists. Finally beaten, she stood quietly resting her head against my shoulders. Holding her tightly.

"Darling, don't you love me?" I asked.

"Yes, Harry" she whispered.

Then suddenly she recoiled in my embrace and pushed me away. She sat in the corner of a settee hiding her face in her hands and began to sob.

"Harry, what have you done to me!" She looked thro' her tears. I stood at her feet quietly. For a moment I cursed myself for ringing the death knell to her love life. Speechless, I stood there for sometime and then came out. She was still sobbing.

Well, that was how it happened. That was how it happened many a time. I fully understood her weak points and exploited them. She always rebelled in the beginning but got defeated in the attempt to save herself from my influence and came into my arms, but in the next moment she always picked up enough courage to save her modesty. Though I successfully created a storm in her peaceful love life and diverted her attention to me, I have never gone far in achieving my ultimate wish. Her love to Mr. Barlow was so great, that she always protected herself from my evil approach.

Poor Nancy! She was being tossed about between two hearts. She was sandwiched between her love to her husband and my brutal influence.

Thus things went on. At last the fatal day came. As usual I went to Mr. Barlow's house when he was not there.

"Why did you come here?" She shouted when she saw me.

"You know darling why I come here. To day I came to take you".

"Take me? Where?"

"To a place where nothing can separate us".

"You want me to run away with you. Is that what you mean?"

She was slowly getting into an angry mood.

"Elope or divorce or whatever way you like Darling, please understand my feelings" I pleaded sincerely.

This threw her into a fit of anger and she shouted.

"What! How dare you talk like that. You want me to divorce my husband whom I love with all my heart. I was so happy until you came along. Then you have played with my weaknesses. Are you not satisfied with the havoc you have done? Get out of my house! You are a monster!" Her anger became so uncontrollable, she struck me on my mouth with all her strength.

The blow was sudden and rude. That brought the brute out of me who was lying suppressed in me, all this time. I pulled her into my arms with all my force and crushed her in my embrace. I smothered her face, her neck, her bosom with kisses. I was possessed. I lifted her on to the sofa and threw myself over her. I was so blind, I did not have time to think about her feelings. We were like that lying there on the sofa, I don't know for how long, until the sharp penetrating blast of a revolver shattered the deadly silence of the room. She got up startled and ran like a bolt over the staircase. I closely followed her.

There in the bed room Mrs. Barlow fainted with a shriek. Mr. Barlow was lying there in a pool of blood. He was holding his palm against his chest through which blood was gushing out. He was still alive.

I sprinkled some cold water over her face and managed to bring her around and stood there motionless.

Mrs. Barlow slowly got up and went to her husband. She lifted his head on to her lap.

"Darling, why did you do it"? She asked sobbing.

" Because you....have cheated me..... I thought....you loved me. I came home unexpectedly.... I saw....you two....I wanted....to kill....you both. but.... I did not....want to undergo....the mental torture . after killing you....I loved you... so much....Nancy ...so... I shot....myself, ...Now....you are....free....Nancy.... " He looked into her eyes....I couldn't stand there any more. I ran downstairs. But suddenly I heard Nancy shout " Harry.... come up ". ...stupefied and dazed I began my ascent but suddenly I stopped. What did I see! Mrs Barlow was standing there with the revolver in her hand. Her face determined and revenge was evident.

" Nancy ! What are you upto ? " I stammered.

But it was too late for any plea. She pulled the trigger until she emptied all the rounds into my abdomen.

I don't exactly remember the way I slumped forward, for, spirits too have their weaknesses like you, the living occasionally we too, forget many things. But I can never forget Nancy, nor can I hope to complete this story now, for, she is still there behind the bars awaiting her trial. But who is to be blamed for all this ? Me ? for being a storm in the peaceful, happy life of Mr. Barlow ? or Mrs. Barlow ? for her frail mind which encouraged me ? I received my share of punishment. I don't know what is in store for Nancy and that is why I cannot complete this story.

—★—

THROUGH A PRISM

" A dog is wiser than a woman : it does not bark at its master "

—A Russian Proverb.

" If a woman can't keep a secret, she will at least try to distribute it equally ".

—Anthony J. Pettits.

" If you want your wife to pay attention to what you are saying, tell it to another woman in a low voice."

—G. Norman Collie

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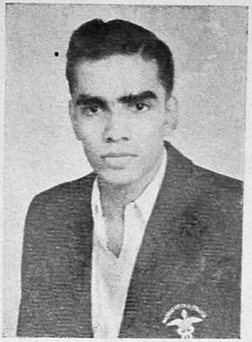

Dr. V. Jayakumar, M.B.B.S.

Dr. Kingsley, M.B.B.S.

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MADRAS

Dr. Savitri Mardi, M.B.B.S.

Dr. R. James, M.B.B.S.

Dr. S. V. Vaidyanathan, M.B.B.S.

"Ah! What Price Freedom!"

K. SRINIVÁS,

—IV Year, M.B., B S.

THE dawn of the 9th year of our freedom has witnessed, the clouds of martyrdom gathering on the Indian political firmament. What is happening on the borders of the Portuguese settlements today is a question on the lips of one and all in this country. Is satyagraha the means to an end? I shall briefly give a resume of what satyagraha means, its implications in general—because under the circumstances politically or otherwise—it is the only solution to the problem! It may be reasonably asserted here that we are not "sitting on the fence", as most people imagine—in fact what the Indian people have done in the past and are doing today in the cause of peace, is a shining example both to the East and West—a great country refusing to solve international disputes with the sword?

Satyagraha is the Indian answer to the age old hegemony of colonial powers. No doubt it has existed in this country from time immemorial and handed down in it's varied forms. But it's inclusion—as an integral unit of the political programme of a party is a feature of the 20th century. But it was not till the early twenties of this century, that there shone a Beacon—when darkness existed all over: The name of *Mohandas Karámchand Gandhi* is one, that all Indians will remember with veneration. The fight against racial discrimination in Africa, Dandi March, struggle for Freedom and the achievement of Independence—light a train of gun powder in the minds of every Indian Patriot. The satyagraha in Goa bears, eloquent testimony to the fact, that the unique weapon, which the *Father of the Nation* used against the British shall not be discarded as outmoded in the case of the Portuguese Settlements.

It is conjectural whether the satyagraha that was instrumental in shaking off the tentacles of British Rule, will prevail over the Portuguese Dictator! The Great Powers could very well dissuade *Portugal* to recognize, that colonialism in India is a bygone creed.

Even, an unequivocal assertion by the U. S. A. that Goa is an integral part of Indian territory, would go far in solving the issue. But *International* politics is a tangled *Skein*. The acceptance of the American sponsored, Rearmament programme by the European Nations has involved the counter acceptance of the colonial policies of France, Britain and Portugal. As a result, the country that was the first to fly the banner of revolt against colonialism in 1776, prefers to lean towards a laissez-faire attitude towards Colonialism in 1955!

The protagonists of Portuguese regime have said and contiuue to say, that Satyagraha is not an efficacious weapon. I would not be going out of the way in saying—that the use of force by the Portuguese to overcome Satyagraha—is in itself a defeat—an admission of failure and an implicit recognition of its potentialities. Repression is only a *Coward's* device to evade popular opinion. It can never endure over time and even at it's best is only a futile attempt at bolstering up false prestige.

Skeptics would always shake their heads at a satyagrahi. But then, do you prefer the H-Bomb and the A-Bomb or bombs yet to come, complex in nature, with which the Western Nations vie for supremacy! There is no knowing, whether the Goan issue, even as it's Formosan counterpart will hurl the present international tension into the devouring flames of another War? If it does, then the labours of Modern Scientists will surely lead to inevitable disaster and destruction of all man kind?

When questioned about an impending Third World War, the late Albert Einstein was reported to have said—" I don't know about the III—for which people like me are to be blamed and we ought not exist—for we wrought destruction—but in the IV, if there is a IV we shall be fighting with sticks and stones—back to the Pre-cave man era"! Enthusiasts of armed intervention would do well to heed this prophetic warning of the greatest scientist, the world has ever known.

The inescapable conviction of enlightened opinion, is that satyagraha will triumph again and that the *Blood of the Martyrs, of August 15th, 1955, will not go waste*, and that as a weapon in the armoury of politics, it is a unique and irresistible one. The results may not be immediate, but they will undoubtedly appear in the course of time.

If the light that shone in darkness and guided us through difficult times is to continue to guide us, it is my firm belief that we, affirming our faith in satyagraha believe and realise that satyagraha is the only way, by which we can avoid being " tempest toss'd ship-wrecked mariners of tomorrow ".

—★—

Homage to Goa Martyrs

On the 19th August 1955 on the day when the whole of Madras was on hartal in protest of the savage firing of the Portuguese against the satyagrahis, we held a condolence meeting in the Students' Common Hall. The Dean, members of the staff and the students attended. The Student President of the M. M. C. Association presided and the following resolution was passed:" This meeting of the Madras Medical College Association resolves to place on record their deep sense of grief on the unfortunate happenings in Goa, and pay our humble homage to the martyrs who lost their lives in Goa ".

We feel proud of our patriots for their gallant act. Their names will remain forever in the annals of our history. Let us pay homage to the martyrs and our sympathies to their kith and kin.

C. P. MALAYAPPAN, B.A.,

Student President.

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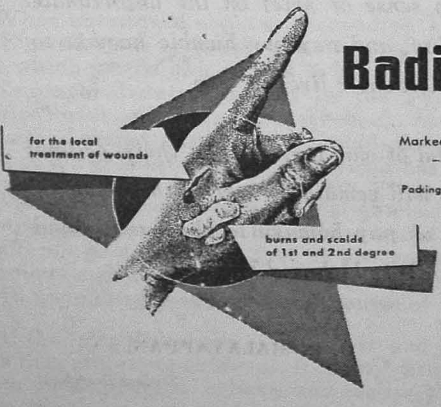

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Mr. K. UMANANDAM,

Athletic Champion 1954—'55.

Dr. S. T. Narasimhan was a member of a private delegation that visited China recently and herein he gives a firsthand report of the 'health service' in China

—(Ed.)

Service for Health in China

Dr. S. T. NARASIMHAN, M.B., B.S.

ON September 27th, 1954, we were the guests of the China Medical Association, of which Dr. Fu is the President. He gave us an introduction to the health activity of the Republic of China. The health work is being carried out on four principles,

1. Health work to serve all.
2. Emphasis on preventive medicine.
3. Unity between old and new medicine.
4. Health through mass movements.

The Government of China have concentrated, since the liberation, on eradication and prevention of plague, cholera, and small-pox. They stated that since a year there is no incidence of cholera and the incidence of Typhoid, plague and other infectious diseases have been reduced, by nearly 90 to 95% This, they have been able to achieve by *patriotic health*, which is mass health movement. This movement took maximum impetus in 1952. Eradication of disease-carriers, like rats and rural conservancy were helped by this movement. People responded very favourably to this movement and co-operated in filling all the ditches, clearing rubbish dumps, etc. Many instances were quoted where all these ditches were converted to parks.

There are 3,000 medical institutions managed by the State in China. They have increased the hospital beds, after liberation by 411%. The health act provides free medical service for 48,00,000 workers and

since June 1952 to 52,90,000 Government functionaries and students There are lots of other statistical figures which have been given to us, but I feel that they will be too elaborate to discuss in this paper.

With this background, it was easy for me to observe the health activities in China. It is very well known that the people of China have been accustomed to a lot of spitting, which created an unhealthy atmosphere all around It was very gratifying to find that this habit is non existent now. The other encouraging aspect is the "fly" consciousness of the public. From the moment I embarked from the train to the day I left, I was made to feel that the flies are considered to be the worst enemy in China. In our trains, the conductors used to carry fly-watters to kill even solitary flies that strayed into our compartment. The meat-stalls were fully protected from dust and flies as required by the law. I am told that contravention of this act has serious consequences under the Chinese Law. Since the liberation, the conservancy system has been developed very perfectly, both in towns and in villages, and my visit to the lanes and by-lanes of towns proved that their scheme worked well.

Just as in India, China has two systems of medicine (*i*) the Ancient Chinese Medicine which is similar to our Ayurvedic system ; (*ii*) The Modern Medicine. In China, according to 1953 statistics there are about 56,000 registered doctors, but this does not include the doctors who are in defence services. The doctors of Chinese Medicine are about 30,000 in number, out whom 20,000 have been given training in the basic principles of Modern Medicine. After liberation, the Government found great shortage in trained doctors and so started the short-course medical training for these doctors of Chinese medicine, which lasted for two years. The medical course in China, before the liberation used to be 8 years, but after the liberation due to lack of medical personnel, the course of study has been reduced to 5 years In the first year, during the first term, they have Physics, Chemistry, Chinese Revolution, Communist philosophy, Russian and Latin. From the second term their medical course runs practically parallel to the course of studies that are prevalent in India. Anatomy lasts for 18 months. The lack of cadavers for dissection is in my opinion, a clear indication of these peoples' improvement in their economic status.

The ratio between the number of students admitted to the medical course and the number of beds available in the hospitals attached to the colleges are practically one is to one. The results in their examinations are practically *100% success*.

In China, the tuition, boarding and lodging for all students at college are absolutely free of payment. They reside in the University campus. They have libraries and huge reading rooms attached to them, where nearly 500,000 students can study at the same time. The synopsis of all lectures are given to the students in advance so that they can follow them. The selection of the students to the higher studies are made by the University, picking the best from among the passed-out students of the Middle Schools. The professors and lecturers maintain very close contact with the students and watch their progress. They find out the backward from the intelligent students and hold the latter under obligation to tutor the backward students. If this still fails the professors themselves undertake this task during their spare time. One of the professors whom I questioned as to how it is consciously possible to send up all the students, retorted saying "We take such a lot of care in selecting the most intelligent students; we follow their day to day progress; we give the backward students extra coaching and in spite of all these things, if they do not pass, it will be a slur on the efficiency of a professor. We have not had any reason to regret after adopting this system of promoting students".

The laboratories in the colleges are not as big as to justify their use for so many students at a time. But the laboratory work is done on shift system—so much so all the students have equal opportunities to do the experiments I have seen in some Universities, laboratories being kept open till late in the night. During my visit I have seen the greatest amount of interest and enthusiasm evinced by both professors and students for the development of New China. Some students actually told me that they are trying to assist in some new research scheme on health. I have walked through the reading rooms of libraries which remain fully packed with students who work and read there in silence till 10 p.m.

Gymnastics, sports and dramas form an essential part of the student life in China. Basket-ball is their national game. The students in the University take pride in taking part in all these activities. In all the Universities there are weekly statistics as to the percentage of students that take part in these activities from every department of studies. It is given full publicity and this often goads the individual departments to improve their percentages.

All subjects are taught in Chinese. The health course is an absolutely separate one and is a four years' course. Dentistry is another branch of study which runs to five years.

Hospitals of China.—The Out-patient department is a very highly organised department in China. It runs for about 8 hours a day and serves the needs of all. Barring those whom I have mentioned above (workers, students and Government functionaries) the others have to pay for the medical services. All people with chronic diseases have to make prior appointments before they can get treated at the various clinics. It is not very hard to get an appointment with the doctor and it saves a lot of congestion in the hospitals and the time of the patient. Poor patients who cannot pay are easily screened by the Social service organisation and can get free treatment and no delay is caused. An initial consultation fee of annas six and a re-consultation fee of annas three is charged per patient (if necessary). On an average, one doctor examines about 5 to 6 patients in an hour. On this all the calculations are made, for giving appointment to the patients, depending on the number of doctors available in each out-patient clinic. In all the out-patient departments apart from general medicine and surgery, they have E. N. T., Eye, Pediatrics, Obstetrics and Gynaecology. Peculiarly enough, there is no department of venereal diseases attached to any hospital. In Peking, I was told there is a separate hospital for venereal diseases to which all patients are directed.

The Out-patient has got a very nicely equipped clinical laboratory with nearly a dozen technicians attached to it. There are very nice arrangements for taking blood through a pigeonhole in the laboratory. The laboratory I saw was very clean and neat. I saw a few mud-pots covered and kept on a very nice table which roused my curiosity to look into the contents. I discussed within myself, whether it could be motion or urine. As there is a saying, that curiosity kills a cat, my curiosity made me open the lid and promptly enough a frog jumped out. On enquiry, I found that Ascheim Zondek tests are done as a routine in the out-patient department. A routine examination of blood, motion and urine is done within 15 minutes which enables the doctor to prescribe the proper treatment immediately, and the patients are not asked to return to the doctor, unless the disease does not yield to the treatment. Patients get medicines directly from the dispensary till they are cured.

The dispensary is another clean part of the out-patient department. There is no congestion or cross-walking by the staff. Arrangements are made in such a way that all prescription and drugs are carried on wires and under no circumstances has a compounder to cover any distance in the execution of his duties. The art of dispensing and labelling is very well executed by the dispensing staff, in China.

The Antenatal clinics are being organised in the out-patient department of the clinic. All fevers under 102 degrees are treated as

out-patients. There are well equipped and well staffed minor surgery theatre and dressing theatre in the O. P.

In-Patient.—Entry into the in-patient department of the hospital is by no means easy for a person dressed in street-clothes, without a mask, cap and an over-coat. The in-patient department is kept dust proof, fly proof and mosquito proof. All the staff are obliged to have a mask, a cap and an over-coat and in some places change of shoes too is necessary before they can get the privilege of entering the in-patient department. There is no over-crowding at all. All patients have to pay for their food without any exemption (*i.e.*, including workers and Government Functionaries). But the cost of food comes only to one rupee a day. The walls inside the hospitals are very pleasantly decorated. The wards themselves are not very big, the biggest ward accommodating not more than 16 patients. In every block there are single and double rooms, which are generally used for seriously ill patients or delirious patients and if such patients are not available, they are used as special wards for important personnel, at no extra cost From what I have seen and heard, the hospitals are very well-staffed and equally well equipped. There are mixtures of American, Chinese and Russian equipments. To give enough idea of the staff of the hospitals I give here these statistics:

Town.		Doctors.	Beds.	Nurses.	Tech.	Others.
Hencho	....	41	180	82	32	73
Nanking	...	42+10 (internees)	230	·76	40	78
Shanghai	....	112	500	180	66	80

The expenditure per patient for a year, in each of the hospitals, comes to about 3,000 rupees per bed. In the pediatrics department of a general hospital of about 180 beds, which I visited, there were four glass cubicles to isolate patients with catarrhal and other infectious diseases of minor nature. In the same hospital the obstetrics department had 3 incubators to resuscitate the new-borns. Even in the hospital, new-borns are kept in a dust-proof room away from the mother and brought to the mother only for suckling at regular intervals. There are four operation theatres in that hospital The gowns and masks used during surgery are colourful with plenty of designs on them. On questioning, the doctors informed me that a plain white dress and mask infuses a sub-conscious fright in the minds of the patients, and that the colourful pattern has a definite psychological soothening effect.

The medicine and surgery in China are not in any way more advanced than that in India. I found a good number of Russian professors giving post-graduate training to Chinese doctors But China itself does not give any post-graduate degrees. The basic qualification is quite sufficient for holding any position in Chinese medical services. In many of the hospitals younger generation of doctors are holding very important positions. In Shanghai a doctor of 32 years is doing all the Neurosurgical work, all by himself. Such kind of individual work is encouraged by the State. In obstetrics great enthusiasm is evinced in painless-labour technique and this was introduced systematically, in 33 cities of China, by the end of 1953. Depending on the staff-enthusiasm and co-operation of the patients, success to the extent of 83% to 92% have been claimed. The technique is very simple and it consists of four weekly lectures to patients starting from the 8th week of pregnancy. In some places there are individual clinics, but in many places only group clinics are possible. Still the claims are very complimentary. Larger number of successes are reported in primiparas than in multiparas.

The villages of China are still unable to procure the best medical aid. Still by their own efforts the public try to keep good health. For instance, I have seen in many villages huts having fly-catchers suspended in the centre, showing that the recognition of 'fly as a disease carrier' has penetrated deep into the heart of the Chinese rural folk. Villagers have to seek medical aid from the village doctors only. In most parts the village doctor is an agriculturist, due to the agricultural reform, introduced after liberation. But the agriculturists are not busy all through the year, so, in spite of his agricultural activity, he is able to devote attention to the ill.

Economic aspect of Doctors.—Doctors don't lead a luxurious life in China. Though they are allowed to do private practice they somehow do not indulge in the same. They feel they have no time and are really over worked. Of course, no one expressed any dissatisfaction about the treatment meted out to them by the State From the information I have obtained, the wages of a doctor to begin with are eighty rupees per month. The highest a doctor can receive is two hundred and fifty rupees per month. In China, this is the average wage-range for any individual. The Government takes care to see that people are able to live an average life within this income. In Government canteens the food for a month costs only Rs. 20 to Rs. 24/-. Other living necessities are also kept low priced. So it is possible for them to live within this means. The relation between male and female doctors are mounting up in the ratio of 2:1 This ratio is same in other professional fields also.

Conclusion.—China is a great country with a great past like ours. Un-like us they have not had any organised central government penetrating into the deep villages. For thousands of years Chinese faced tyranny, famine, plunder and many other hardships for which the old regime in China, did nothing to help the public. Any calamity in China, was an opportunity for the rulers to advertise the calamities, to invoke the sympathy of foreign nations and collect financial and other aids which went to enrich only the pockets of the then rulers. The present Republic of China is younger than ourselves and they are trying very hard to improve the lot of the common-man against great handicaps like lack of transport, materials, technical personnel, etc. But they have the heart to work with faith and hope and so we must appreciate every little progress they make in improving the health of the Chinese people. I saw the medical profession everywhere working with great enthusiasm and sincerity and I am sure that this country will soon have one of the best health services in the world.

I am grateful to the Government of China for having offered me all the necessary facilities for making this survey.

My Sentiments

For the first time I saw her face,
It kept me in a moment's daze
That I should talk to her I thought
But how could I, I knew her not.

Her outward looks were not so grand
For colour or cut she had no stand
But what was it that made me mad
The only inward grace she had.

From there, our friendship grew so fast
For ever 'twas to grow and last
I've yet another girl to seek
To compare with this girl so meek.

All I could say to you of her,
Is that there's one who'll think of her
As monument through all his life
And seek guidance in peace and strife.

—ANONYMOUS.

A description of how the development of atomic energy has made available larger quantities of radio-isotopes—radioactive forms of chemical elements which are of great value in biological research and in the treatment of certain diseases.

Radio-Isotopes in Biology and Medicine

ARTHUR HASLETT.

IF you go from a natural material to one that is man-made to imitate it, you can say in advance what will happen. You will end up with a much bigger variety, both of materials and uses, than anyone would have thought of to begin with. And you will probably need a new name to describe them. It has been like that with plastics and synthetic fibres; and it is so again with radioactivity.

Radioactivity is an entirely natural property of a rather small number of special materials. It means merely that they are made of atoms of a kind that are unstable. They may be more unstable or less, and break-down quickly or slowly. But in any case each atom, as it breaks down, gives out some kind of radiation which can be detected. In the case of radium the radiation that is given out is of the same kind as high-energy X-rays, and for this reason radium is used for treating cancer.

Radioactivity, then, is a property of particular kinds of atoms. The atoms of, say, iron, copper, or tin are not all of the same kind, although they behave in the same way chemically. An assembly of iron atoms tends to rust; something made of copper atoms, to develop a green surface-colour. And it makes no difference for this purpose if they are atoms of different isotopes, as it is called, so long as they are all iron, or all copper, as the case may be. And the same is true of uranium, which is radioactive. There is more than one isotope of uranium, just as there is more than one of iron or copper. However, there is this difference: that all isotopes of uranium are unstable and radioactive, and all isotopes of iron or copper are stable. All, that is, that are found in nature. And that is almost a general rule: with two or three exceptions, the natural isotopes of an element are either all unstable or all stable; but the unstable ones may be either more so or less.

THE FIRST FRUITS OF RESEARCH

Until 1933 it was mere guesswork that any other kinds of atom were possible. Towards the end of that year it was found in Paris that elements which in their natural state are stable and non-radioactive could be made also in forms which are unstable and radioactive. That is what is meant usually by radio-isotopes: they are radioactive isotopes of elements which normally are stable. To begin with only quite minute quantities were available and these of only a few chemical elements. In the next stage the quantities made were still very small by ordinary standards, and there were many chemical elements of which radio-isotopes could not be made. But there were enough for some uses, in research and to some extent in medicine This was the position at the beginning of the war: in fact, until atomic energy was developed.

The first effect of atomic energy was that it became possible to make radio-isotopes of new kinds by exposing the different chemical elements for varying periods in an atomic pile. One way and another, radio-isotopes of practically every chemical could now be usefully made, and in quantities that were big enough for most uses. The oldest, and still probably the most important, use of radio-isotopes is as a sort of label that can be used in research. You will remember I said earlier that all atoms of the same element behave in the same way chemically. That goes for radio-isotopes as well as others. It means that if one wants to follow the course taken by any element in a series of changes, it can be simply enough done. All that is necessary is to include a known proportion of the radio-isotope in the material that is originally supplied and follow its later movements with one of the same geiger counters that are used in prospecting for uranium, or one can use a photographic film or plate.

EXPERIMENTS ON LIVING MATERIAL

Suppose, for example—and this is a real case—that we want to know the way in which carbon dioxide is absorbed from the air by green plants and built up into sugars and starch, and ultimately protein—in fact, into the substance of the plant. That is the most important chain of reactions that it is possible to imagine, for without it there could be no life on the earth of any kind. To discover how it works, plants are supplied with carbon dioxide, in which the carbon is labelled in this way. The plants are then exposed to light for a few seconds or longer, and quickly killed. The simpler substances that they contain are then separated and are examined for radioactivity.

In the same way one can measure the uptake of fertilisers by plants from the soil and compare the efficiency of one kind, as against another. That is obviously an extremely important kind of work. And here I

should perhaps mention that there are a good many precautions that have to be taken. One which applies to all experiments on living material is to use only the smallest possible quantities, otherwise the plant may be affected by the radioactivity, and you will not get a fair answer.

An example of another kind is provided by bones and teeth. One of the very first uses of radioactive phosphorus, well before the war, was to measure the rate at which phosphorus in teeth was replaced. If you think of it, that is information that simply could not be got by any ordinary method. It is easy enough to see what happens when an animal is kept short of some material that it normally gets from its food, and then the shortage is later made good. But you cannot measure the normal rate of turn-over unless there is some method of labelling newly supplied material. That goes not only for phosphorus but for every kind of material that is absorbed by the body as food and incorporated in tissue. As you may imagine, there has been a really enormous amount of research on those lines. Our bodies are much less static than at one time was thought: there is more of coming and going; more like a city pavement in the rush hour, with individual travellers coming and going but the overall pattern remaining the same.

Another possibility is to see what happens when a drug or poison is introduced that is outside the normal routine. There is a vast amount of work on these lines that is still waiting to be done, though it is often not easy. Or, again, it is possible to study the kind of interactions that happen as part of the body's normal self-protection against the organisms of disease, bacteria, and all the rest. Here, too, only a start has been made. Or it may be a failure in the body itself that is being studied. For example, radio-isotopes can be used to show how well the circulation is working, either in the body as a whole, or comparing one leg or arm with another; or to watch improvement under treatment—for example, during recovery from frostbite.

Then there is the question of treatment as such. One might think, at first sight, that there were quite spectacular possibilities. One might imagine that by choosing the right radio-isotope, and giving it in the right form, it should be possible to get it to any chosen part of the body, with little of it wasted anywhere else. But it is not so easy, and I have given you the reason already. There is too much coming and going as between one part of the body and another. However, there is one case, at least, where the method really does seem to work. Iodine, in any reasonable quantity, goes overwhelmingly into the thyroid gland. Radioactive iodine behaves, as usual, in the same way. And with the right dosage part of an overactive thyroid can be destroyed, instead of cutting part of it out: an operation can be saved. But it is not a quick or an easy treatment.

A NEW TREATMENT FOR CANCER.

However, there is another and even simpler way of getting a radio-active material where it is wanted, and that is merely to put it there. Ideally, one wants a highly active and solid material that will not dissolve in body fluids. There is a radio-isotope of cobalt that provides an almost ideal imitation of the radiation that is emitted by radium It can be made up into wire; and it has one advantage over radium, that it can be used naked in the body.

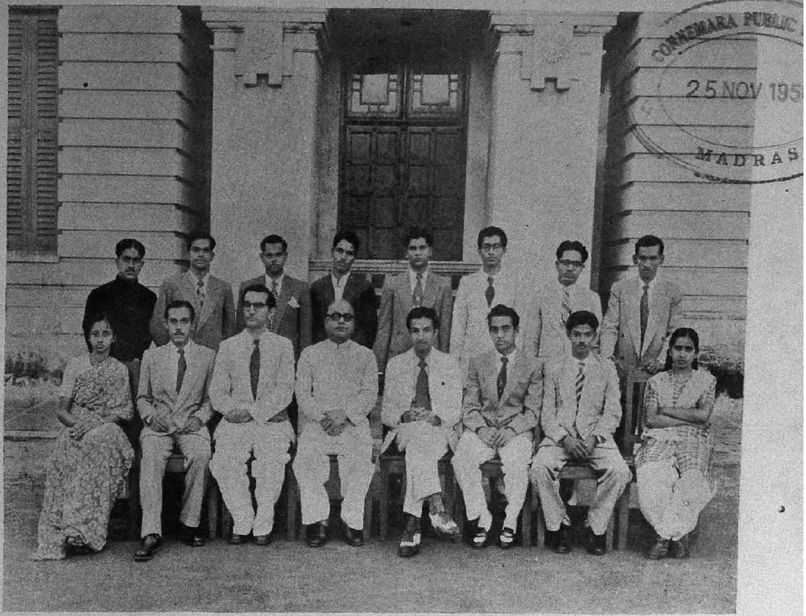
I am thinking, obviously, of the treatment of cancer. Here there is a general point that it is important to make: radium, high-energy X-rays, and any of these new radio-isotopes all consist of the same kind of treatment. They work on the whole because high-energy radiation does more damage to cancer cells than to normal ones. But it is a rather slender advantage, and not every cancer responds. Above all—and this is the main point I want to make—the use of a new radio-isotope, or a new source of X-rays, does not mean a new cure for cancer.

But there are some real advantages to be derived from radio-isotopes. One of them is that it is a help in some cases to be able to use really powerful sources of radioactivity and to place them at a distance from the patient. If the object is to get at some deep part of the body, then there is a loss in any case from radiation getting absorbed on the way through: that is something that cannot be helped. But there is also a further falling off that gets greater with distance as such. If you bring the source close up to the skin, then there will be a bigger dose on the surface but less inside where you want it. But if you remove the source to a distance, then skin and inside are in the same position, for practical purposes, and so there is no loss for that reason, although there will still be a loss from absorption that one cannot help. But putting the source at a distance from the patient means that it has got to be so much the stronger if it is to produce an effect in a reasonable time.

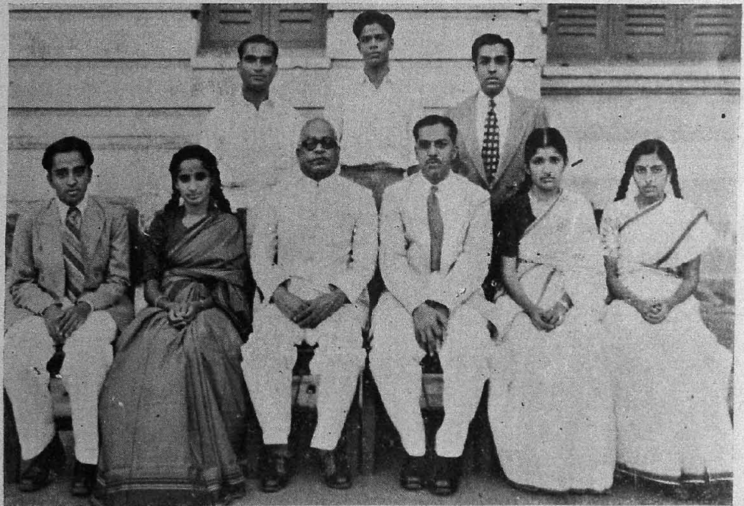
So there is a real advantage in quantity. Merely from having more material to play with, you can get an improvement in treatment. Radio-active cobalt, that I mentioned before, has been used in this way. And there are others coming along, of which the main advantage is simply that they will be available in still larger quantities and cheaply. Radium, after all, is very expensive, and there has not been enough of it.

Any new treatment of cancer will come in the long run from research. It is here that these new radio-isotopes offer their biggest advantages. (*Broadcast in the BBC's General Overseas Service*).

—*Courtesy The British Council, Madras.*



M. M. C. Association Executive Committee 1954—'55.



Students' Clinical Society 1954—'55.

Inside the Classroom

M. Y. ALVI,

—IV Year, M B., B.S.

GETTING up in the morning as usual at 9-30, I was feeling relieved to have missed my special morning postings. I hurried through the daily routine of washing and dressing up and made it possible to enter the class room at three minutes past one.

As I entered the classroom I felt that there was something very peculiar about me, when I heard all the boys shouting at me—and of course, some girls giving funny looks. " Come on, my boy " was the kind voice of a friend of mine, who offered me a seat next to him. As I sat, he added, " well, I was just waiting for you, please give me proxy, because I want to sleep right now, so, *good-night* ".

Before I could tell him anything, my attention was arrested by an arrow, which got caught in the black, long and wavy hair of a fine and innocent *looking* girl in the first row. This was not the only one but one amongst those hundreds which were flying over the heads of the boys and landing on the girls in front.

" *Tuck, Tuck* " came the noise of the lecturer's nailed shoes, who entered majestically putting up a very learned face. The immediate reaction to this *antigen* (as I may call him) was the production of an enormous number of *antibodies*, in the form of attenders, house surgeons, and assistants, who carried books, chalk-pieces, a big projector and a fine viewer, and entered through the other door. This *antigen—antibody reaction* resulted in the *medicolysis* of the peripheral zone of the class room, the occupants of which went into a *deep coma*............ordinarily called sleep.

" Ladies and gentlemen " he started, " before we go to the subject proper, I want you to wake up those back benchers for, I want to make it clear to *all*, that sleeping is allowed in my class but snoring is strictly prohibited ".

Trying to avoid the same old face of his, and the same words coming out of his mouth, my eyes were wandering " of course to the front rows " and I saw Miss...........oh, no, I won't tell her name, taking down in her note book, " ....sleeping is allowed in my class, but snoring is............ ". This is too girlish I thought and as such I looked at the next back (for I could see the backs only), and my attention was arrested by a bunch of flowers, and I tried to study it botanically but soon I realised (it won't be a surprise to you) that I had forgotten the subject.

Waking up from a sweet dream of romance, I found the lecturer very busy with his lecture and the students with their different hobbies, some reading novels, some reading papers, some whispering to their neighbours, and the rest fast asleep. Before I thought of going to sleep again there was a loud noise in the class, and all I could make out was " Ha Ha Ha Ha, *jowk* (joke) *Adi* " I looked at the lecturer who was himself laughing, and was happy because the students too were laughing. I was puzzled and asked my friend as to what was happening. " O, he just *cracked*, as usual " he said So I immediately burst out, " ha ha ha ha ". Though the lecturer was happy with me, I heard the students shouting " *Ka, Ka, dey* " because they thought it was a great favour I had done to the lecturer to laugh over his stale joke (which of course I didn't know).

" O, it is already 1-30, we should sleep now " said my friend, and we both put our heads on the desks (you all know how we sleep) keeping the books in front. I woke up hearing the boys tapping their heels to make some noise I made use of the opportunity and tapped the head of a girl in front with my notebook who looked back at me demanding apologies, as it were, but to her greatest surprise I said " you are too young to read such books ", and she immediately closed the book, which she was having in her hands. She blushed, when she realized that the black paper with which she had covered the book had come off! While I was observing the reaction " stop that, she is not your lecturer, I am speaking " came the warning from the lecturer and I pretended to be attentive. " And you there stop that old trick of yours, you need tap your heads to be more attentive and not your heels ". " Ha Ha Ha Ha ". ' Jowk (Joke) Tickle yourselves ', came a voice from some unknown corner. " Don't forget, I am your examiner " said the lecturer, and succeeded in bringing out complete silence at once.

I was now feeling very sad not to have been able to sleep well due to so many disturbances (chiefly the lecture) when I saw one girl in the front row drawing a wonderful piece of art which reminded me of Reuben's figures. She went on drawing and I went on observing her (her hand more than her drawing) till I heard " we shall continue in the next class" from the front and "*Amm-ma, at last, thank god*" from behind.

Note.—This article does not refer to any particular class or lecturer, any resemblance if made out, is purely coincidental.

—★—

A well known doctor was strolling in a park with his wife when a young startling blonde greeted him with a smile. The doctor's wife eyed him suspiciously :

" Where did you meet that person dear?" She enquired.

" Just a young woman—I met her professionally" The doctor explained.

" I see" murmured his wife, " yours or hers?"

To a Lass from the West Coast

—VIJAY.

Oh thou fragrant flower of the misty hills!
Why dost thou fascinate one so?
Is it 'cause the valleys green shimmer thee
Or the shade of the murmuring brooks in thine eyes?
Thy form and structure which Gaguin could recapture.
Those firm, pear-shaped breasts with their majestic poise
Well moulded hips coying undercover of thy milky *mundu*,
Those limbs and that walk—to, which Marilyn or Russell
And the much advertised rest could ever hope to imitate!

* * *

Oh mystic petal of rosy hue, of jasmine fume!
Dost thou emanate thy drowsy scent ever so?
And in the wake of those jet-black curly strands on thy crest
What man would hesitate to prostrate himself at thy feet.
Oh enchanting bell-bird with the voice of the heavenly race
Of the swallow and the dove—the quetzal and the nightingale!
Why, oh why, should thou melt this unyielding heart
To cow down—humbled and beaten—before thy very presence.

* * *

Malabar—land of immortal poets, painters and learned *pundits*
Graced by wind and water, of sunshine and melodious music.
Renowned for thy gay and colourful festivals, fireworks and folk dances
—For thy *Kaikottikkali*, *Kalari* and the famous *Kathakali*.
Blessed art thou by all Gods and men alike
Supreme thou reignest over other parts of fair *Bharat*
For thy attractive buxom and bountiful daughters.

* * *

Beautiful and bright must be the spot whence ye come,
Washed by clean mountain brooks, caressed by pure native air.
Oh thou who hails from that lush land of sunkissed beauty!
Where blue skies, waving palms and shimmering fields of rice
Lavish a panorama of untold wealth and pastures green:
Hear me, oh honeysuckle! Listen to the throbbing in my heart!

Women—A Bacteriological Survey

—ANONYMOUS.

MANY strains occur under this species.

Morphology.—Various coloured organisms of varying size and measurements—pleomorphism is common. Elongated, short, flat, curved, bent, thin or barrel shaped forms occur. They occur in pairs or single forms. Most of them are well capsulated or clothed and stain their faces with various toilet accessories. Exposure to sun's rays or rain can bleach the pigments to a great extent.

Cultural Characters.—Many grow easily on ordinary food, while a few pathogenic members require enriched food like Horlicks, Cod Liver Oil, Multivitamin etc., and few grow luxuriantly on "slimming medium". They are strict aerobes—oxygen being very essential, but some prefer to breed only near sea shores Optimum temperature 80—100 F. above which they faint and require stimulation. Neutral in mood normally but extremes of mood-happy, sad, angry etc. frequently creep in.

On festive occasions they appear in multicoloured colonies, raised well above their status. Smooth to rough forms occur. Rough forms are more virulent and have an atypical growth.

Biochemical activities.—They have multifarious activities within their home and outside. They cook carbohydrates, proteins, fats etc., the capacity to cook well varying, according to the nature of products obtained. However this test does not help to differentiate the virulent types from harmless ones.

Resistance.—They apparently resist the advances from the opposite sex but are very susceptible to emotions. A few of them however melt at the sight of gold. Spore bearing forms occur, casting off their capsule of harmlessness into one of virulence at the favourable opportunity.

Serology.—Enormous amount of research has been done from time immemorial for an understanding and classification of the various types, with varying results—mostly unsatisfactory. Strains vary from country to country but morphologically and culturally similar forms occur They occupy various positions in society and a uniform picture of them is very difficult to depict. Being highly jealous, frictions of emotion occur in the same species.

Pathogenicity.—As already referred to, harmless as well as most virulent forms occur. Harmless ones are easy to be put up with where as the antigenic properties of the virulent species are very harmful to their own as well as the opposite sex. Its toxin in large doses turn one mad or even kill the person.

Prophylaxis and treatment.—Small doses of its toxin as by marriage help men to attain some immunity against the species, but the same dose is known to ruin the men too. Some men develop immunity gradually by remaining bachelors but that immunity disappears altogether in old age or disease

Treatment is entirely unsatisfactory. Ancient methods of violence and warfare or love have proved futile. New methods of treatment are badly needed.

—★—

"The well-meaning person who, by merely studying the logical side of things, has decided that "faith is nonsense", does not know how truly he speaks; later it may come back to him in the form that nonsense is faith".

—*Chesterton.*

A Knotty Porblem

M. K. MANI,

—III Year, M B., B.S.

1955 seems to be a lucky year for me. A relation (may the Lord heap blessings on him) gave me a cheque for Rs. 200 as a new-year present.

Ladies and Gentlemen, when you are given Rs. 200 there are only two things you can do with it—keep it or spend it. Keeping it consists of buying National Savings Certificates or doing some such harmless act. This is known as an investment, and you can return your certificates and get back your money on any "rainy day" and spend it.

As far as I am concerned, it is much easier to spend money on a fine day than on a rainy day, so I decided to spend my money right away.

Problem No. 2 then appeared. What should I spend the money on? It must be on something that will cost less than Rs. 200 and it must be something that requires no money for its maintenance. It is not every day that a kind relation gives me some money.

This was a relatively simple problem. I once had a very nice lounge suit. I liked it very much. Unfortunately, it was so nice that the moths liked it even more and began to take away small pieces of it as souvenirs. Scientists may tell you that moths do not eat your clothes, but the caterpillars do. I do not want to split hairs over that The result was that my suit took on a perforated appearance. In vain I tried to say that it was the latest fashion set by the Duke of Windsor or someone like that. With a most unjustifiable lack of faith in human nature, my friends refused to believe me. They even laughed at me behind my back. You should not judge them too harshly for this seemingly caddish behaviour. You see, most of the holes were on the back of my coat.

The answer was, therefore, simple. I would get another lounge suit to replace the torn one, and this time, I swore between my clenched teeth that I would paint it with a coating of insecticide.

The next day I went to the tailor. He eyed me suspiciously as though he doubted my financial stability. I was determined to show him the stuff I was made of, or at least the cheque. I cleared my throat.

"Show me", I said "some of the latest designs in gents-wear".

He did.

It was an unobtrusive looking book that he gave me, but when I opened it, what a series of glorious sights—morning suits, lounge suits, tail coats, waist-coats, dinner jackets, strait jackets—no, no. I am getting confused. Any way, I had to think fast. Tail coats and waist coats are obviously old fashioned. A morning suit was out of the question, because I never get out of bed before 12 noon except on those days when I have to get to college at an unearthly hour in the morning.

Assuming an air of omniscience, I shut the book. I cleared my throat.

"Lounge suit, old boy" I announced. And that, I felt, was the end of the matter.

Alas, my friends, there's many a slip 'twixt the cup and the lip. The crafty old rascal had another trick up his sleeve. "Or" he said, "would you prefer an achkan?"

I reeled under the blow. Just when I thought I had victory in my grasp, this petty tailor was gaining the upper hand. But I could not help admiring the skilful weapon he used. The achkan is the official dress prescribed by the Government of India. I could not lightly brush aside the suggestion. Would not the world look down on me for not wearing our own dress? Would not I be regarded as a follower of Western civilization? But yet, hang it all, official dress is for government officials. I was not (thank God) a government official. Ergo, I had no necessity for an achkan.

I cleared my throat.

"I want a lounge suit" I said lucidly.

"Beg your pardon, sir", He seemed surprised.

"I said lounge suit" I repeated firmly. L for lounge, O for ostracize.......... ".

"Yes, Sir", he said meekly accepting defeat. I could feel my ego inflating.,

"You'll need a tie to go with it" he said, flinging open a few boxes. A colourful panorama flashed before my eyes. A number of strips of cloth—but they bore on them cavalcades of horse, dogs, butterflies and girls There was a train and an aeroplane, a bullock-cart and a cadillac, also a yacht.

I blinked. I stared. I gulped. How was I to choose from this glittering treasury. The decision of Paris and the award of the golden apple, I felt, was child's play compared to this Herculean task.

I recalled the words of a friend of mine, one of those smartly dressed men about town. "In selecting a tie" he had said in the course of a dissertation "you must consider not only the colour and the design, but also the texture. You see on the texture, on the thickness or fineness of the cloth, depends the shape and the size of the knot".

The knot! The subject struck a responsive chord in my mind, and I shuddered. Confidentially, when I try to knot a tie I only succeed in tying myself in knots. My knot, my man-about-town friend had told me, looks like a common or garden or reef-knot.

The knot, Ladies and Gentlemen, is the secret of success. I have spent hours sweating over, the knot of my tie, and finally had given up in despair many a time for want of time. I have gone to parties with my tie hanging limp and bedraggled after I had wrestled with it, hanging from a knot that looked for all the world like a sackful of cocoanuts.

A knot, dear reader, can reduce a man to slavery. A someone else said before me, "All men are born free and equal. Only, most of them get married". From the moment the man ties a knot in the "thali", his fate is sealed, such is the power of the knot. Stay, my friend, do not lose hope. Man has conquered the knot Alexander of Macedonia cut the Gordian knot and to and behold, they started calling him Alexander the Great and put him down in history books as the first big gun to come from Macedonia to India. The Second is Josip Broz Tito, but that is by the way.

Such then is the power of the knot; it requires a man of the calibre of Alexander to humble it, and also, I cannot aspire to that greatness.

It is no disgrace to be beaten by a force far greater than oneself. One must be a good sport and admit defeat.

I did

These thoughts passed through my mind in a moment. And then a stern resolve took shape. I mentally passed a motion censuring myself for my previous conduct. " What ", I asked myself " have you not a speck of patriotism left, that you so churlishly spurn Jawaharlal's orders ? " I repeated to myself the lines of the poet.

" Breathes there the man with soul so dead
Who never to himself hath said
This is my own, my official dress............ "

At least you don't have to wear a tie with an achkan.

" Would you like to have your lounge suit made in the English style or in the American style, sir ? " I heard the tailor saying as I emerged from my reverie.

I cleared my throat

" What lounge suit ", I snapped, " didn't you hear me say achkan ? "

—★—

" Some people are making such thorough preparations for rainy days that they are not enjoying to-day's sunshine "

IN MEMORIAM

The Late Dr. P. R. K. NAIR, M.B.B.S.

Immunity and Allergy in Syphilis

G. R. MOHAN, M.SC.,

Research Asst V. D Department,
General Hospital.

INSPITE of the revolutionary advances in the diagnosis and therapy of syphilis during the past half-a-century, the problem of immunity in syphilis continues to be a perplexing one. In syphilis, as in tuberculosis, gradations of immunity with an altered reactivity of the tissues (allergy) to the infection is to be recognised.

Since immunity in syphilis is not a simple antibody-antigen reaction, the exact nature of the host-parasite relationship—the influence and modification of the one by the other has to be carefully evaluated The clinical era of 19th century needs interpretation by the 20th century concepts of immunity and allergy.

Syphilis in most cases is a voluntary disease and is not of imminent danger to the host (if it were it would have been an easier disease to control). The causative organism, T. pallidum, is a highly adaptive and tenacious organism, able to attack any part of the body but incapable of living outside—a veritable Mr. Hyde and Dr. Jekyll. Its previous history suggests that sometime before the Renaissance period in European history, it probably left the rural and remote areas where it still prevails as Yaws, a related disease of non-sexual character, into the present one of sexual epidemology; adapting itself thus to the present day conditions of civilisation Whether the age long host-parasite relationship can be completely and permanently severed with the help of the powerful antispirochaetal drugs or whether the organisms may develop a slow increasing adaptability to drugs, time alone can show. The manifestations of syphilis that we see in our midst in the tropics are more or less identical with those of 16th century syphilis in Europe, in the severity of the skin and bone manifestations and the paucity of visceral syphilis. Although the European

nations have claimed a precipitous decline of symptomatic syphilis during the past three decades, there is a lurking suspicion among the thoughtful syphilologists that the organism is going underground with less visible manifestations of the disease.

Infectious Syphilis.—In the usual pattern of clinical syphilis following infection in 3-4 weeks, a chancre appears. This long incubation period compared to that of gonorrhoea is mainly due to the low rate of multiplication of T. pallidum (about 30 hours for a binary division). It is postulated that two or more distinct antibodies against protein, polysaccharide and lipoid antigenic constituents of T. pallidum appear almost simultaneously in the blood within 7 to 10 days after the onset of the primary chancre. The serologic diagnosis of syphilis at present is mainly based on the more or less purified lipoid tissue extract antigen conveniently obtained from beef heart muscle, reacting with an antilipoidal antibody known as Wassermann antibody present in syphilitic serum. The drawback of the standard sero-diagnostic test for syphilis is that it is liable to produce false reactions for syphilis since it detects lipoidal antibodies which are considered relatively nonspecific in syphilis. It is even suggested that the lipoidal antibodies are formed against certain lipo-proteins liberated on tissue destruction by microorganisms like T. pallidum (the auto-antigen theory). In any case it has been found that the presence of this antibody has no relationship to immunity in syphilis.

The chancre formed is the manifestation of the reaction of the tissue to the invading organism. This is no true immunity but a refractory state referred to as "chancre immunity" during which no new chancre could be formed if superinfected. Healing of the chancre is no criterion for cure either in the treated or untreated case, for by the time a chancre develops, a significant number of the organisms had invaded the lymphatics and the blood from the local invasion site and distributed themselves among the tissues of the body; also, it is even shown that spirochaetes can persist in the healed scar of a primary lesion as evidenced by a relapsing chancre at the same site.

The blood is not a favourable medium for the growth of T. pallidum as the organisms leave it for a general invasion of the other tissues of the body, chiefly, the dermal and mucous membranes. This occurs usually by 2-6 months after infection. Even when left alone, these lesions heal without scar formation. Once the secondary stage of the disease is established in the immunologic sense, reinfection producing primary and secondary lesions becomes impossible, indicating a permanent refractory state. The refractiveness to reinfection with the development of symptomatic early syphilis does not mean that the patient is free of infection. It is possible

that the organisms may lurk in the tissues and produce late manifestations of the disease. The immunity to reinfection becomes complete and permanent only after the patient has gone through the florid secondary stage of syphilis and it is estimated approximately to take two years after infection.

Latent Syphilis.—The latent stage usually occurs after the patient has developed the sustaining resistance to the formation of early lesions, and as an alternative to late syphilis. Latent syphilis is a definite clinical entity after one eliminates the possibility of asymptomatic neuro, cardiovascular or late benign syphilis. But whether it is active infection or represents a saphrophytic stage in the allegedly supposed life cycle of T. pallidum cannot be decided, for latent syphilis might end as such or in the development of signs and symptoms of late syphilis or spontaneous cure. Nor can it be said that it represents best the body's defence mechanism, for the at least one simple reason that a mother of latent syphilis can give birth to a baby with multiple lesions teaming with the spirochaetes. The allergic condition in latent syphilis which could be tested intradermally by killed T. pallidum or its allergenic extracts is less severe than in the cases of cardiovascular syphilis and late gummas.

Late Syphilis.—When the disease reaches the late syphilitic stage most of the T. pallida has been destroyed by the body. A true immunity can be said to have been achieved by the body. Serologically, a specific antibody distinct from the Wassermann antibody, produced during the period of early syphilis, which could immobilize and kill the motile virulent T. pallida has been claimed to indicate immunity.

In late syphilis, the reaction of the tissues to the few T. pallida which have survived the immunity mechanism evolved in early syphilis is of two types:

(*i*) The tissues develop a hypersensitivity to the few organisms and react suddenly and explosively in what is clinically known as gummatous syphilis characterised by multiple localised destruction of the tissues.

(*ii*) In the second type, there is a slow insidious inflammatory cum degenerative reaction of the tissues against the organisms. Such a slow reactivity of the tissues clinically gives raise to cardio-aortic syphilis and central nervous syphilis. It is suggested that in these very late forms involving the cardio aortic apparatus and the neuraxis, an element of anergy as opposed to allergy is the csuse of the slow reactivity of the tissues.

Congenital Syphilis.—The prenatally infected infant does not inherit the immunity characteristics of its mother, nor does it develop its own immunity during its intranatal life, with the result that it manifests the disease in all its wide varied forms. The lack of immunity in the infant born with the signs of prenatal syphilis is indicated by the paucity of any gross inflammatory reaction which on the other hand, are observable in acquired syphilis.

Syphilis thus is a permutation and combination of infection, immunity and allergy, with a give and take attitude in each one of them and in between; syphilis could change its course as the river Hoango, in the individual or in the community. As far as immunity in syphilis alone is concerned, cartainly there are a lot of theories but lacking experimental evidence. For instances, the antibody or antibodies responsible for the destruction of T. pallidum in the late stages are inadequately studied entities and phagocytosis in syphilis has not been actually demonstrated. While allergy could be experimentally gauged, its theory is complex.

The subject of immunity in syphilis cannot wait too long; for the integrated approach would be more difficult when early syphilis gets completely suppressed by penicillin Animal experiments while helpful are no short cut, since T. pallidum is a highly selective parasite of man and its progress in the human body has to be watched completely there, through years. Neisser, one of the earliest scientists to study immunity in syphilis abandoned all hopes of a vaccine therapy, while Meriowsky went a step further in suggesting that it could produce allergy. It is an interesting rejoinder that during the 19th century (when "variolation" as a successful preventive measure against small-pox was just then known) clinical syphilologists vigorously advocated immunisation by injecting syphilitic pus, while prostitutes clamoured to be 'syphilized' that way.

Even after a quarter of a century of work both in the clinical and experimental field, no definite progress is made in this subject. I shall end this paper by a quotation from Cheseney: "I think of acquired immunity in syphilis as a state of resistance which evolves slowly and at its best is not always complete, general in its distribution but imparted to some tissues more than to the others, probably related to the tissues rather than to the blood, but not as yet known to be the exclusive property of any particular type of cell, not necessarily depending upon what is commonly called allergy, incapable of production by any known method of immunisation, produced only as a result of disease manifestations but not necessarily depending upon the persistence of infections for its maintenance; finally, a state the mechanism of which is very imperfectly understood, but of surprising interest to medical men as well as of supreme importance to the human race".

—★—

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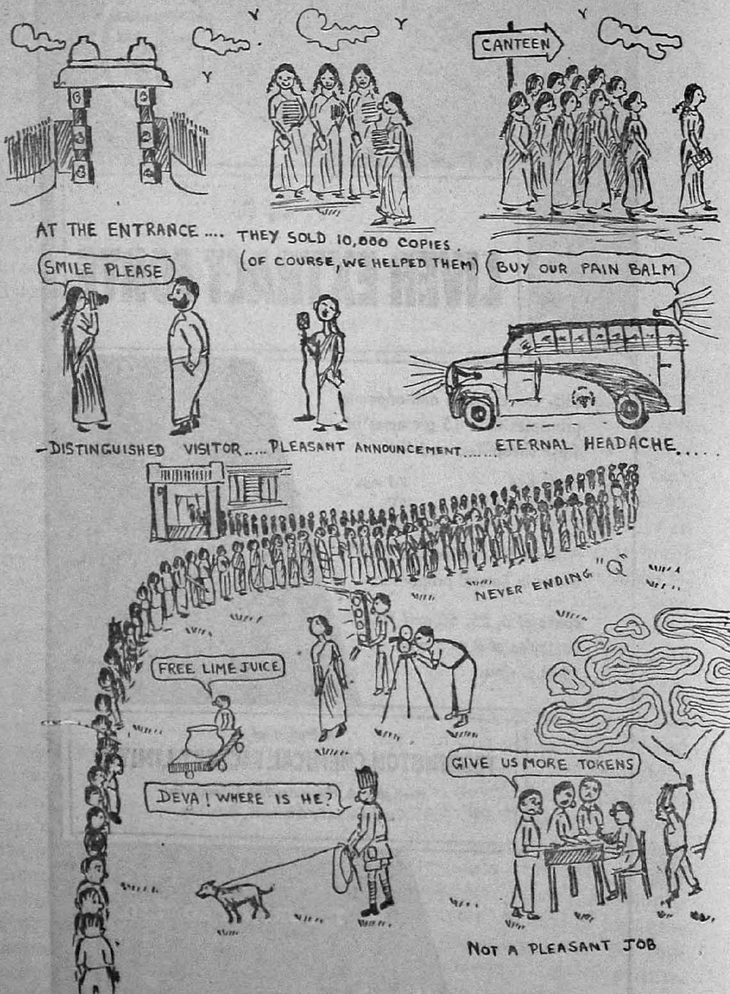

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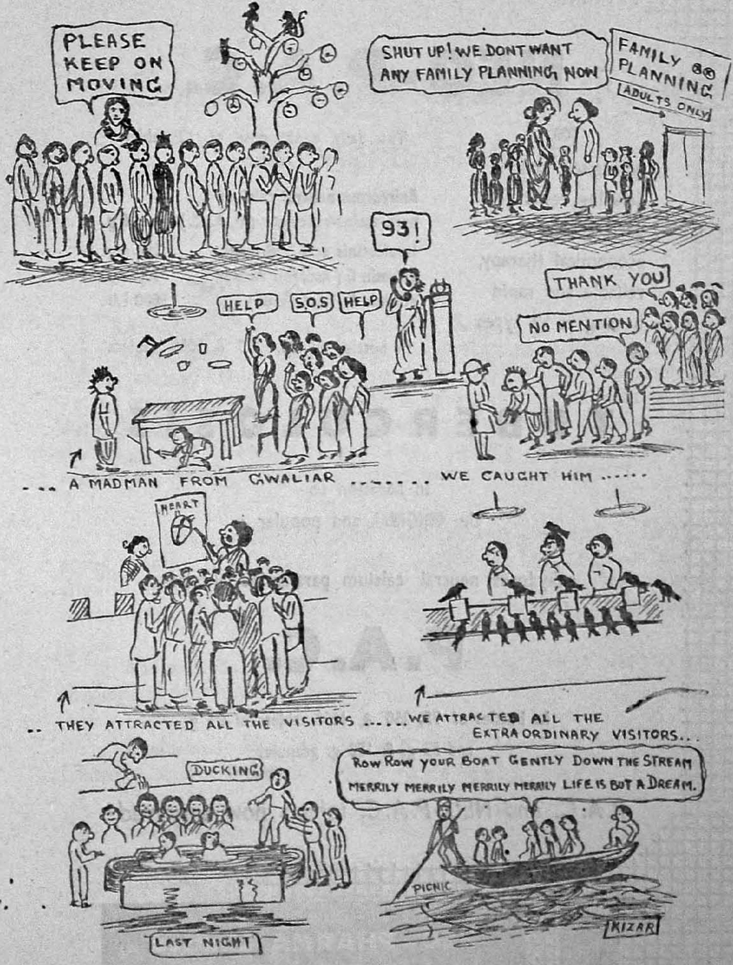

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"I will not say that all the modern drugs are good and all the grand mother's domestic remedies are bad".—Col. SANGAM LAL.

[Taken from Col. Sangam Lal's address to the graduates at the Madras Medical College Hostel on 25th, Aug. '55]

Confucius and Charaka Review General Hospital

Dr. RAJAGOPAL, M.B., B.S.

TRANSACTIONS of the Spiritualists' Society of India.—A very strange and lucky incident happened during the annual meeting of the society. During the seance which followed the meeting, one of the members of the society, a very famous medium, made contact with Confucius, the Chinese philosopher. The following was recorded with the help of a dictaphone and later written down. References, which were given by the contacts were verified and found correct.

Confucius.—(Through the voice of the medium) I, Confucius, am going to talk. It isn't that I want to talk. It's because it is my nature to silently appreciate truth, to learn continually and to teach other people unceasingly. I hate perplexities because it is a sign of foolishness.

The medium.—I feel as though somebody else is also trying to talk through my mind and voice.

Confucius.—Through your hat also. That is the most superior Charaka, an ancient physician of Hindusthan.

The medium.—How do you do, Sir?

Charaka.—I am well, thank you.

Confucius.—Tell him about those who are not so well as you.

Charaka.—The gracious God will make everybody well.

Confucius.—But during your life on earth *you* claimed to make them well, with all your funny herbs. You would have become very sick of starvation had you asked your patients to depend on God.

Charaka.—I wish sir, I could give you more opium so that you will talk less. You distract me from what I want to say.

Confucius.—Oh yes, we were to tell them about our visit to the hospital run by the disciples of you and Susruta.

Here the President of the Society put a question. " You mean the hospital in Poonamallee High Road, known as London Thottam ? ".

Charaka.—Good heavens, No! I mean the one opposite Central Station. They are my true disciples, and my friend Susruta says that his disciples too are there. Of course, Susruta always had excessive faith in his Salya-tantra. You call it surgery now.

President of the Society.—But where is Susruta now ?

Charaka.—He has gone to that hospital in Egmore. Susruta in his days used to do caesarian operations, you know, but he says his disciples, Karunakaran and Krishnan have beaten his guru hollow. But then in our days we had only two analgesics, opium and hemp.

President.—What is your opinion of medical science as practised now?

Charaka.—The scientists spirit of the desire for truth is still there and as long as it is there your science will never stop progressing.

Confucius.—But in that hospital opposite Central Station, the doctors do not admit that you were scientific. They pooh-pooh you and your tridosha theory which they dub as silly and superstitious.

Charaka.—What you say is true. When I wrote my book, I put down not only what were the accepted ideas of the rational man then, ideas which could be explained by laws of the processes in nature, but also ideas based on cherished empirical knowledge and right instincts. But when the age of science stepped in, it swept away all ancient beliefs as superstitions. True, half true and false beliefs, all went into the dust bin in one impartial sweep because they seemed incompatible with materia-listic reason.

President.—What then must we do now ?

Confucius.—You remind me of Tolstoy. I should say that there is more danger in the opposite tendency also. To believe everything in the ancient scientific treatises and not keep one's eyes open to the element of limitation or error in this difficult branch of medicine is worse than calling it all superstitions and sweeping everything away making use of the word superstition as a convenient broom.

President.—Who among our surgeons impressed Susruta ?

Charaka.—Biswanatha.

(It could not be found, if he meant Dr. C. P. V. or Dr. Vishwanatha Bhat).

President.—Which doctor among us is most favoured by the Gods ?

Charaka.—Subrahmanya.

(This could mean either the second physician or the second surgeon of the General Hospital).

President.—What is your opinion of the B. C. G. mass campaign ?

Charaka.—The metapsychology behind the B. C. G. conflict is this. The law of causality operate very powerfully and the controversy will not stop suddenly. The juggernaut of bureaucracy will roll on and neither the Government nor Rajaji can stop it. Perhaps even God cannot stop it. His law is as powerful as himself.

But the safest and best procedure now is to make ~~sure~~ that all healthy tuberculin positive individuals are given B. C. G. vaccination. It is time that when you declare war on tuberculosis, you must fight it with all the weapons that you possess !

President.—I am glad you do not decry B. C. G. or the Hippocratic system of scientific medicine.

Charaka.—Hippocrates, is not the founder of the modern scientific medicine. Susruta is, and he probably influenced Hippocrates. One fact which is little known is that about the year 450 B. C. when. Hippocrates roamed all over the World to collect knowledge for his school at Cos, he met

Susruta in India. Hippocrates' theory of "humors" was based on our tridosha principle. His teacher and father Heracleides was also Susruta's student. The saying that modern medicine was based on the empirico-rational medicine of Hippocrates is not true. Greek medicine is more Indian than Greek.

President.—What do you think of the reintroduction of the shorter course for doctors?

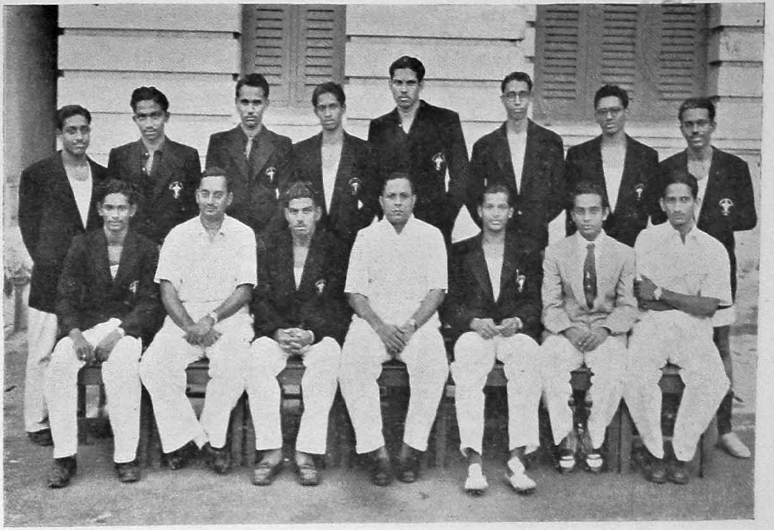
Charaka.—In my days I insisted on 3 years of training after graduation under a reputed doctor, before a doctor was allowed to practise.

[The seance ended abruptly after Confucius cracked an off-colour remark about the relations between the sexes in the hospital. It is hoped that during the next seance contact will again be established with Confucius who will be asked to elaborate on his remark.]

—★—

"For God's sake" said the dentist "Don't move your hands like that, I did not even touch your teeth".

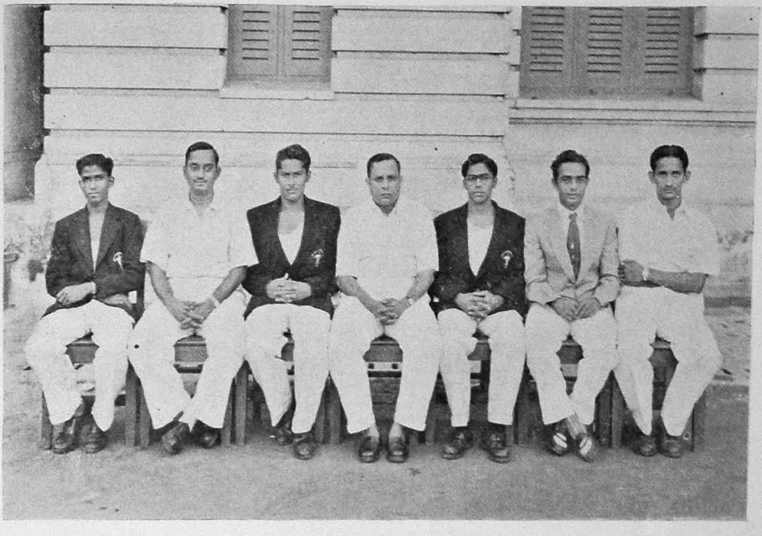
"I know" said the patient desperately, "you are standing on my foot".



ATHLETES

BASKET-BALL

COLLEGE TEAMS 1954—'55



BOXING

CRICKET

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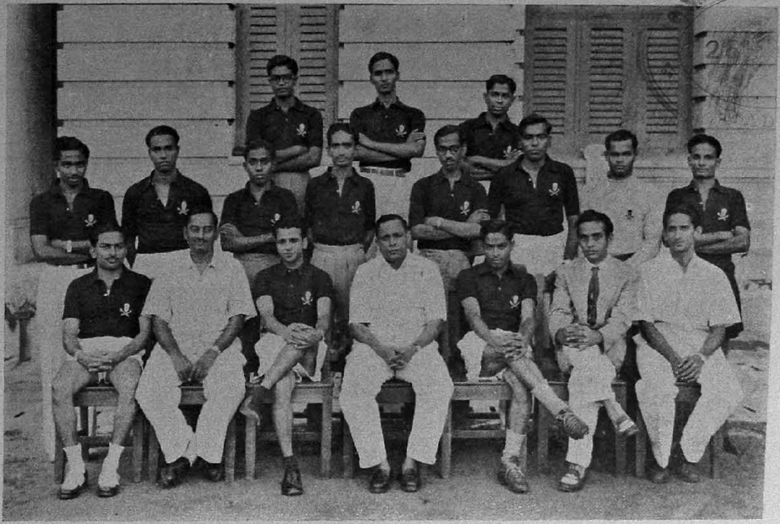

FOOT-BALL

HOCKEY

COLLEGE TEAMS 1954–'55

NET-BALL & THROW-BALL

VOLLEY-BALL

N. C. C.

CONNEMARA PUBLIC
25 NOV

Flight Cadet K. M. Nithyananthan and Cadet Sergeant C. A. Abraham, represented our college in the N.C.C. Republic Day Contingent at Delhi.

Cdt. U/o. K. Soundarapandyan,
(Best Cadet of the Year 1954–'55).

N. C. C.

COMPANY DAY-6TH (M) MEDICAL COY., N. C. C.

THE Company Day was celebrated on 21st August 1955 at the Madras Medical College. Colonel Viwanath P Gupta, A.M.C., A.D.M.S., Madras Area, presided and Mrs. Gupta gave away the prizes. Colonel Gupta took the salute at the Ceremonial Parade. After tea Capt. K. P. Sarathy, N.C.C., welcomed the gathering and read the Annual report. The chief points in the report are given below. This unit was raised in July 1949 to impart training on the lines of A.M.C. to Medical students. Recently a proposal for raising a Girls Troop in the Medical Coy., has been submitted and a favourable outcome is expected. Major N. Narayanaswamy, A. M. C. officer commanding, was posted to 93 Fd. Ambulance and Captain R. St C. Pereira, A. M C., took over command of the unit on 27th April 1955. The Company has 2 N. C. C. Officers, Captain K. P. Sarathy, N. C. C., and Lieut. P. S. Babu Naidu, N. C. C. Response for enrolment of cadets was very good. Parades were held during July, August, September and October 1954 and January and February 1955. Attendance of the cadets was satisfactory. Cadets are trained in Military (Infantry) and Technical (Medical) subjects with the object of qualifying for certificates 'B' and 'C' examinations. These examinations were held on 19th and 20th February 1955. Eleven Cadets were presented for 'B' certificate and ten passed. Nine cadets were presented for 'C' certificate and all passed.

'B' CERTIFICATE

1. Cdt./L Cpl N. V. Srinivasan.
2. Cdt./L. Cpl. A. Vasanthakrishnan.
3. Cdt /L. Cpl G R Doraisami
4. Cdt. Ramakrishna Kamath.
5. Cdt /Cpl. Subbaroyan
6. Cdt /Cpl. Ramadoss Kamath.
7. Cdt./L. Cpl. G. M. Kesavelu.
8. Cdt./L. Cpl. Punnaivanam.
9. Cdt. Kasirajan

'C' CERTIFICATE

1. Ex Cdt. U/o. K Soundarapandyan.
2. Cdt. U/o. E Meenakshisundaram.
3. Cdt/CSM. P. N. Nagendran.
4. Cdt/CQMS. Arunagiri Raj.
5. Cdt /Sgt Raghupathy
6. Cdt./Sgt C A. Abraham.
7. Cdt. Sgt. Ramakrishnan.
8. Cdt./Cpl. K. M Subbiah.
9. Cdt /Cpl. Piramanayagam.

The Annual Camp of this unit was held from 10th to 23rd December 1954 at the Race Course, Madurai, along with the 2nd Madras Battalion N.C.C. 2 N.C.C. Officers, Capt. K. P. Sarathy and Lt. P. S. Babu Naidu and 48 cadets attended the camp. Training in Drill, Ceremonial Parade, Guard Mounting, Weapon Training, First Aid, Casualty Collection and Hygiene and Sanitation was given to the cadets. The cadets were also detailed for the undermentioned duties in the camp.

(*a*) Casualty Reception and Management of the Camp, Sick Bay, (*b*) First Aid at the Social Service Area (*c*) Water duties and (*d*) Camp sanitation and rendering of sanitary diary daily. The cadets also participated in the social service work which consisted of filling and levelling of a low land for the construction of a school. Colonel Viswanath P. Gupta A. M. C., visited the camp and saw all our activities. This unit also participated in the No. 2 Circle Combined Cadre and Social Service Camp held at Gandhigram from 24th April to 14th May 1955. One N. C. C. Officer, Lt. P. S. Babu Naidu and seventeen cadets took part. This unit provided medical care for all the cadets who attended the camp. The cadets were detailed for the undermentioned duties. (*a*) Casualty Reception and Management of Camp Hospital, (*b*) First Aid at the Social Service Area and (*c*) Manual labour. The chief accomplishment of the camp is a 4-mile road constructed by the cadets. Major General J. C. Katoch, our Area Commander visited the camp and expressed his appreciation for the medical care provided by our company.

This unit participated in the Shooting Competition Conducted during October 1954 under the auspices of HQ No. 2 Circle Cadet Corps. All the units in Madras and Andhra States participated. This unit stood *Third*. The unit also took part in the N. C. C. day celebrated centrally by HQ No. 2 Circle Cadet Corps on the 6th December 1954. A contingent of N. C. C. Cadets drawn from various units in Madras State was sent to Delhi to take part in the Republic Day Celebration. P. No. 178 Cdt./sgt. C. A. Abraham from this unit and one of our ex-cadets K. M. Nithyanandan, now a cadet in the 3rd Madras Air Sqn. were selected as members of the Republic Day Contingent. HQ No. 2 Circle Cadet Corps won the Best Circle Banner for being the best contingent. In February 1955 this unit participated in the N. C. C. Inter Unit Sports Rally conducted by HQ No. 2 Circle Cadet Corps.

Seven cadets from this unit applied for commission in the Army and all of them have been selected for Short Service Regular Commission in the Armed Forces. Cadet Ex-U/o. P. M. Manisundaram of this unit who was in the 3rd Madras Air Sqn. N. C. C. has been selected for Permanent Regular Commission in the A. M. C. and is now undergoing training in the A. F. M. C. Poona.

Colonel Viswanath P. Gupta in his presidential remarks paid a glowing tribute to the cadets for their discipline, hard work and good performance. He said that the authorities recognised the discipline, capacity and qualities of N. C. C. Cadets. Mrs. Gupta gave away the following prizes for the year 1954—55:

1. Best Senior Cadet: Ex-Cdt. U/o. K. Soundarapandyan.
2. Best Junior Cadet: Cdt. S. Vijaya.
3. Highest Marks in the 'C' Certificate examination: Ex-Cdt. U/o. K. Soundarapandyan.
4. Highest Marks in the 'B' Certificate examination: Cdt. L/Cpl. N. V Srinivasan.
5. Cent Percent attendance: (1) Ex-Cdt. U/o. K. Soundarapandyan. (2) Cdt./Cpl. Subbaroyan.
6. Best Shot: Ex-Cdt./CSM. Arumugam.
7. Best Instructor in Technical Subjects: Cdt. U/o. E. Meenakshisundaram.
8. Best Instructor in Military Subjects: Cdt./Sgt. C. A. Abraham.
9. Inter-Squad Drill Competition Shield: Won by the squad commanded by Cdt./CSM. P. N. Nagendran.
10. Interior Economy Shield: Won by the squad commanded by Cdt./Sgt. Arunagiri Raj.
11. Night Compass March Shield: Won by the Squad commanded by Cdt./Sgt. M. R. S. Ramakrishnan.
12. Inter Collegiate Shield: Won by the *Madras Medical College*.
13. Best Cadet for the year 1953-54. Cdt. L/Cpl. E. Meenakshisundaram.
14. Best shot for the year 1953-54. Cdt L/Cpl. E. Meenakshisundaram.

After the prize distribution there was a variety entertainment by the cadets. Lt.-Col. C. K. Prasada Rao, M.D., the Dean, Madras Medical College and Government General Hospital, Madras expressed great appreciation of the performance of the cadets and officers. Lieut. P. S. Babu Naidu proposed a vote of thanks. The memorable day came to a close with the National Anthem.

—Cdt./CSM. P. N. NAGENDRAN.

ONAM CELEBRATION

THE combined Onam Celebration of the Madras Medical College and Hospitals was held on a grand scale on the 22nd August 1955 in a crowded hall. The function was graced by the presence of such eminent figures as Hon'ble A. B. Shetty, Dr. & Mrs. P. V. Cherian and Dr. C. K. Prasada Rao.

The highlights of the function were a party followed by a variety entertainment. As the curtain rose, the tableaux, taking us back to the sunset of the West coast was shown. This was followed by many interesting items like "kaikottikali", folk songs, dance recitals etc. A short drama written, directed and acted by the students was note-worthy for its humour.

This year also we were privileged to have Dr. C. P. V. Menon, M.S., F.R.C.S., as our President. His valuable guidance and advice at every step went a long way to make the function a grand success. We also had the good luck of having two efficient and sincere Vice-presidents in Dr. K. G. Menon, M.B., B.S., M.Sc., and Lt.-Col. K. P. G. Menon, M.R.C.P. Dr. R. A. Varma, M.S, helped us much by being the treasurer.

C. S. MOHANDAS,
K. MATHANGI,
Secretaries: Onam Committee

LATE NEWS

MEDICAL EXHIBITION 1955

We gather from Dr. Kabir, M.B, B.S., Treasurer, Exhibition Committee, that the total income from the exhibition conducted in August 1955 is Rs. 38,000/- (approx) and the expenditure about Rs. 12,000/- leaving a probable profit of Rs. 26,000/- for the Medical Relief Wing —Editor

ONAM CELEBRATIONS

25 NOV

(*Photos by Varma & Azeez*)

THE FINE ARTS SOCIETY

In the last issue of the magazine brought out in December, 1954 reference had been made to the help rendered to the Association and the instruments brought by the Fine Arts Society. In that issue we estimated the Income and Expenditure by saying that the collection amounted to Rs. 2500... ... leaving a clear profit of Rs. 1,500. From these........ ...association debts (about Rs. 700) are being paid off and the Society contemplates on buying musical instruments.

In this issue I am now in a position to give the actual Income and Expenditure statement as follows:

	Rs.	A.	P.
Total Receipts of the "Yedhu Walvu" Drama ...	3,660	0	0
Total expenses of Drama ...	1,640	0	0
Net Profit ...	2,020	0	0

Utilization of Profit—

	Rs.	A.	P.
A : Towards Expenses for Stage Scenes, Dress, Make-up, Mike and Light, professional Orchestra fees, conveyance etc, etc. for (1) Deepavali day (2) Fine Arts Day (3) Engineering College competition (4) Stanley competition ...	610	1	L

Instruments and articles bought—

	Rs.	A.	P.
B : Cotton Rugs ...	18	0	0
Veena ...	160	0	0
Harmonium ...	70	0	0
Bulbul Thara ...	22	0	0
Tambura ...	4	8	0
Thabala ...	45	0	0
H M V Portable Gramophone ...	241	3	6
Almirah ...	80	0	0
Violin ...	75	0	0
Cartage ...	4	0	0
C : Account rendered to association in paying off old Mysore Cafe Bill, Printing Bill etc. ...	686	3	6
Total ...	2,016	0	0
Balance ...	4	0	0
Grand Total ...	2,020	0	0

M. M. COOPER,

Treasurer.

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(PER TABLET)

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(PER TABLET)

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• VITAMIN B_1	...	...	5 mg.
• NIACIN	...	...	30 mg.
• EXCIPIENT	...	...	Q S.

(PER TABLET)

★

For Further Particulars, Please contact:

M/s. GANAPATHY & CO.,

48, BUNDER STREET :: G. T., MADRAS-1.

LETTERS TO THE EDITOR

AWARD OF JOHNSTONE GOLD MEDAL

Sir,

One of the requisites for the award of Johnstone Gold Medal is that a candidate should not have failed in any of the subjects during the course of his or her studies. In our academic career, it is no rare sight to see even some of the 'really very brilliant' fail at the beginning of their course, often due to sheer ill luck. But still, later on, they become the top-scorers in the rest of the examinations. Is it justifiable to deny them the medal though their 'on the whole performance' is far superior to the so called Johnstone Gold medallists?

When a brilliant student faces failure at the very beginning, he is upset and shocked and knowing that he can never aspire for that coveted prize, is likely to become desperate. Not only this, even more—downtrodden and humiliated, losing all hopes and ambitions he bows to the fate to take up the role of an uninterested and uncared mediocre—the precious, potential talents going unutilised and unexploited for no fault of his.

My humble suggestion is that a certain number of marks per failure should be deducted and then they be considered on par with the other contestants. If such an amendment is made, it will be a great stimulus for in the 'unfortunates' to wake up and run the race.

When the whole progress of humanity rests on hopes and ambitions, it is bad psychology to deny the coveted honour to those who really want to rise and compete for the medal in spite of their initial bad luck.

Yours etc.,

21st August '55.

M. A. SCHAMNAD, *Final Year.*

OUR NEEDS: FREE HOSPITALISATION AND SEPARATE WARD FOR MEDICAL STUDENTS

Sir,

It is sad irony to note that in our hospital, we (medical students) are required to pay 'hospital stoppages' when we are admitted as patients. In other countries, all medical students are given free treatment as well as food at no cost when they are hospitalised. It is high time that a change is brought about along the same lines entitling us for free hospitalisation.

Also, with the forthcoming medical exhibition in mind, may I suggest that a part of the proceeds of the exhibition be kindly set apart for building a small, separate ward for medical students in our hospital which in my opinion is an immediate necessity. After all, charity should begin at home.

Yours etc.,

3rd August '55.

A MEDICO.

---★---

A regular patient of a doctor, after a lapse of a few days, went and told the doctor.

"I went to another doctor and he told me that your diagnosis is completely wrong".

"Is that so?" snapped the doctor, "Well. The autopsy will show who's right".

REVIEW

CHINESE MEDICAL JOURNAL

Official Organ of the Chinese Medical Association

(No. 6, Vol. 72)

THIS is the first time that a Chinese medical journal is in circulation in Madras Medical College and it has attracted the attention of the learned members of the profession and many of the professorial staff have gone through it in detail with great satisfaction and high appreciation of the material, ideas and the great effort spent in maintaining it at a high standard. As with other spheres of activity in China, the standard of medical knowledge and progress in the field of medical research has been enormous as fully exemplified in the various articles published in this journal. Surgery has also advanced to a high level and the vast amount of work done in the field of plastic surgery on the reconstruction of the male genitalia is wonderful and enlightening to those who have attempted such procedures and have failed The details of splenoportography and splenorenal anastomosis which is being practised in almost every country brings the journal to the forefront and on a par with other European Literature In Madras these techniques are just being tried and it remains to be perfected and this journal gives a fund of knowledge and abundant information to the novice who has just started these operative procedures. Experimental physiology and bio-chemical methods of assessment of disease has been the background for the rapid progress made by the Chinese medical profession. The articles are of a high standard-well written and to the point, devoid of irrelevant material and very instructive to the undergraduate as well as post-graduate students. Many of the endemic diseases which are rarely seen in India, can be understood in detail from this journal which is highly elucidative. Some of the techniques adopted are yet to come into existence here and the journal describes them in full detail and is very instructive for future guidance and help. The X-ray plates, diagrams, clinical photographs which are introduced in the articles are superb and highly instructive to the undergraduate. It trains his visual memory and impresses him with emphasis the value of such education.

We greatly admire the journal for its clarity and good presentation and greatly appreciate the voluminous work done by the Chinese profession in the advancement of medical knowledge. The many references cited

in the articles pertaining to the Chinese authors strike us with awe to understand the amount of original papers published in their country quite in touch with world literature and progress in those fields of thought. We congratulate them on their progress and convey our appreciation of their erudition and zeal with which energy is transformed into useful material.

It is a bimonthly and can be had from the New Century Book House, Mount Road, Madras-2. Price per copy is Rs. 4-8-0.

—K. RAMACHANDRA, M.D.

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(PER C.C.)

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(PER TABLET)

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(PER TABLET)

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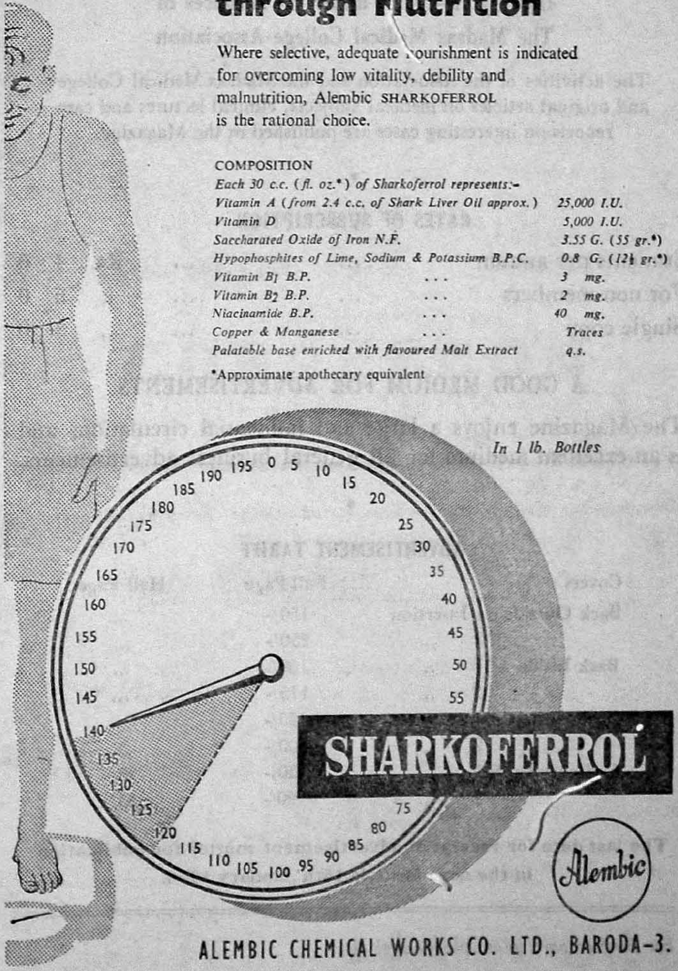

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For further particulars please apply to:

THE GENERAL EDITOR,

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